

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90193 035 ***150.00

DOCUMENT # K20662

1. Entity Name
SOUTHERN METALS OF TAMPA, INC.

Principal Place of Business

**8803 ENTERPRISE COVE
TAMPA FL 33637**

Mailing Address

**P.O. BOX 290143
TEMPLE TERRACE FL 33687**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2884373

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANNON, EUGENE
6409 RUBIA CIR.
APOLLO BCH. FL 33572**

7. Name and Address of New Registered Agent

Name BRANNON, EUGENE

Street Address (P.O. Box Number is Not Acceptable)

8803 Enterprise Cove

City TAMPA

FL

Zip Code 33637

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME BRANNON, EUGENE
STREET ADDRESS 1423 JUMANA LOOP
CITY-ST-ZIP APOLLO BEACH FL 33572

☐ Delete

TITLE ST
NAME BRANNON, CYNTHIA
STREET ADDRESS 1423 JUMANA LOOP
CITY-ST-ZIP APOLLO BEACH FL 33572

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-02 813 9852 330

Date

Daytime Phone #

CR2E034 (9/01)