

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K49082**

1. Entity Name

SOUTHERN PRESTRESSED, INC.**FILED****May 09, 2000 8:00 am**
Secretary of State

05-09-2000 90048 033 ***150.00

Principal Place of Business 128 AIRPORT BLVD. PENASCOLA FL 32513	Mailing Address 1260 TURRET DR ROCKFORD IL 61115-1442 US
--	---

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 59-2919444	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****FULLER, JEFFREY
C/O FULLER, SWINDLE & HOLSONBACK
100 NORTH TAMPA STREET SUITE 2650
TAMPA FL 33602**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input type="checkbox"/> Delete
NAME	KORHONEN, ARTO	
STREET ADDRESS	128 AIRPORT BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BEATTY, GEORGE T	
STREET ADDRESS	1260 TURRET DR	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BELL, IRA	
STREET ADDRESS	200 DEFENSE STREET #2100	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SJOROOS, KIMMO	
STREET ADDRESS	1260 TURRET DR	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORSTIA, HEIKKI	
STREET ADDRESS	128 AIRPORT BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SCHAFER	
STREET ADDRESS	1260 TURRET DRIVE	
CITY-ST-ZIP	ROCKFORD, IL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: <i>Robert Schaffer</i>	ROBERT SCHAFER	APRIL 25, 2000	815/654-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #