

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028825 AF

DOCUMENT # L00000003873

1. Entity Name  
METAL PRODUCTS COMPANY, L.C.

Principal Place of Business

4450 LAFAYETTE STREET  
MARIANNA FL

Mailing Address

P.O. BOX 328  
GREENBRIAR TN 37073

2. Principal Place of Business

3787 Industrial Park Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6429

Suite, Apt. #, etc.

City & State

Marianna, Florida

City & State

Marianna, Florida

4. FEI Number

59-3640506

Applied For

Not Applicable

Zip

32446

Country

U.S.A.

Zip

32447

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONDURANT, FRANK E  
4450 LAFAYETTE STREET  
MARIANNA FL

7. Name and Address of New Registered Agent

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.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM PINSON, GARY D P.O. BOX 328 GREENBRIAR TN 37073 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM PINSON, GARY D P.O. BOX 328 GREENBRIAR TN 37073 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
700004335237--9  
-05/31/01--01009--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2001 MAY -2 AM 10:19

DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)