

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012988

1. Entity Name

POLYSTEEL OF NORTHWEST FLORIDA, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:04

Principal Place of Business

Mailing Address

2645 HIGHWAY 98 WEST
MARY ESTHER FL 32569

2645 HIGHWAY 98 WEST
MARY ESTHER FL 32569

2. Principal Place of Business

5460 Gulf Breeze Pkwy

Suite, Apt. #, etc.

3. Mailing Address

5460 Gulf Breeze Pkwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gulf Breeze, FL

Zip

32563

Country

Santa Rosa

City & State

Gulf Breeze, FL

Zip

32563

Country

Santa Rosa

4. FEI Number

59-3709187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, JAMES L
101 EAST GOVERNMENT STREET
PENSACOLA FL 32501

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

S00004619275--8

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*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

JAMES H. HERING 9-24-01 850-916-7659

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

Date

Daytime Phone #

0001721

CR2E083 (5/01)

STAPLE CHECK HERE