

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-06-2002 90124 031 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000010945

1. Entity Name

United Steel Services, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

217 Bay Drive

Suite, Apt. #, etc.

3. Mailing Address

217 Bay Drive

Suite, Apt. #, etc.

City & State

Poinciana, FL

Zip

34759

Country

USA

City & State

Poinciana, FL

Zip

34759

Country

USA

4. FEI Number

31-1783392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

James J. Comparato, Sr.

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

217 Bay Drive

City

Poinciana

FL

Zip Code
34759

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

James J. Comparato, Sr.

6/9/02

FEES \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
Joseph J. Comparato, Sr.
217 Bay Drive
Poinciana, FL 34759

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
William M. Nease
6556 Piccadilly Lane
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

CR02083B (12/01)

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

W. M. Nease

4-26-02

407 351-6588

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

Date

Daytime Phone #