

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90007 029 ****50.00

DOCUMENT # L02000010546

1. Entity Name

STAINLESS STEEL SERVICE & SUPPLY, LLC



Principal Place of Business

**420 S. ROME AVE.
TAMPA FL 33606**

Mailing Address

**420 S. ROME AVE.
TAMPA FL 33606**

2. Principal Place of Business

3. Mailing Address

P.O. Box 130375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

Zip

Country

Zip

33681

Country

HILLS.

4. FEI Number

71-0881378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SHAVER, CLYDE C III
420 S. ROME AVE.
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Clyde C. Shaver III**

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

Clyde C. Shaver III

(NOTE: Registered Agent signature required when reinstating)

2/28/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **SHAVER, CLYDE C III**
STREET ADDRESS **420 S. ROME AVE.**
CITY-ST-ZIP **TAMPA FL 33606**

☐ Delete

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10. ADDITIONS/CHANGES

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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)(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: **CLYDE C. SHAVER III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813/
240-1960

CR2E083 (10/02)