

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90088 003 \*\*\*150.00

DOCUMENT # **L93826**

1. Entity Name

**BRAY STEEL SALES INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1120 N MAGNOLIA**

Suite, Apt. #, etc.

3. Mailing Address

**1120 N. MAGNOLIA**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Ocala, FL**

City & State

**Ocala, FL**

4. FEI Number

**59-3020183**

Applied For

Not Applicable

Zip **34475**

Country

Zip **34475**

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**W. STEVE BRAY**

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

**1265 SE. Ft King**

City **Ocala**

**FL**

Zip Code **34471**

**DO NOT WRITE IN THIS SPACE**

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 fee 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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE	<b>Pres</b>	TITLE	
NAME	<b>W. STEVE BRAY</b>	NAME	
STREET ADDRESS	<b>1265 SE. Ft King</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	CITY-ST-ZIP	
TITLE	<b>Sec/Treas</b>	TITLE	
NAME	<b>KATY BRAY</b>	NAME	
STREET ADDRESS	<b>1265 SE Ft King</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	CITY-ST-ZIP	
TITLE	<b>V.P.</b>	TITLE	
NAME	<b>William Robert Bray</b>	NAME	
STREET ADDRESS	<b>2036 SE 8th St</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	CITY-ST-ZIP	
TITLE	<b>V.P.</b>	TITLE	
NAME	<b>Michael W. Bray</b>	NAME	
STREET ADDRESS	<b>2036 SE 8th St</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Ocala, FL 34471</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**STEVE BRAY**

**5/2/02**

**352-622-7780**

CR2E034B (12/01)