CR2E083 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # M0000000717 1. Entity Name 04-08-2002 90206 029 ****50.00 AMERICAN POLYSTEEL, LLC Principal Place of Business Mailing Address 5210 NE 49TH TERRACE 5150-F EDITH, NE **GAINESVILLE FL 32609** ALBUQUERQUE NM 87107 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 85-0469368 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, 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 May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITI F ☐ Change Addition NAME MURPHY, PATRICK C NAME STREET ADDRESS 5150-F EDITH, NE STREET ADDRESS CITY-ST-ZIP ALBUQUERQUE NM 87107 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE & ☐ Delete TITLE ☐ Change ☐ Addition NAME 🛊 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.