

8/12

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-12-2002 90006 001 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M82653

1. Entity Name
STATEWIDE STEEL PLACEMENT, INC.

Principal Place of Business

11005 4TH STREET, EAST
 TREASURE ISLAND FL 33706

Mailing Address

11005 4TH STREET, EAST
 TREASURE ISLAND FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2890556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VERDUNN, THOMAS
11005 4TH STREET E
TREASURE ISLAND FL 33706

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

Signature, typed or printed name of registered agent and title 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) ☐

FILE NOW!!! FEE IS \$550.00 AS OF
After September 13, 2002 Fee will be \$750.00
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 | P | <input type="checkbox"/> Delete |
| NAME | VERDUNN, THOMAS | |
| STREET ADDRESS | 11005 4TH ST E | |
| CITY-ST-ZIP | TREASURE ISLAND FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | VERDUNN, SUZANNE | |
| STREET ADDRESS | 11005 4TH ST E | |
| CITY-ST-ZIP | TREASURE ISLAND FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | ANSBACH, WESLEY | |
| STREET ADDRESS | 820 64TH AVE WEST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | ANSBACH, TIMOTHY | |
| STREET ADDRESS | 820 64TH AVE WEST | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | THOMAS VERDUNN | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 11005 4TH ST E | |
| STREET ADDRESS | TREASURE ISLAND, FL | |
| CITY-ST-ZIP | | |
| TITLE | WENDY A. SMITH | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 11005 4TH ST E | |
| STREET ADDRESS | TREASURE ISLAND, FL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature of Thomas Verdunn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-02 727-360-7615
 Date Daytime Phone #

CR2E034 (4/02)

STATE WIDE STEEL
PLACEMENT INC.
11005 4th Street East
TREASURE ISLAND FL 33706

Attachment 8-1057
MEMO
LETTER

727 360-7615

Date 7-30-02

To Secretary of State Office

Subject

M82653

I am writing this note as per
my conversation with your office
as this is the last notice I've
received.

Thanks
Thomas Anderson

☐ Please reply ☐ No reply necessary

SIGNED