2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005495

Entity Name: STEEL SERVICE CENTER INSTITUTE OF FLORIDA, INC.,

FILED Apr 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
147 DENNA	「VAN MALSSE ARD ST /ILLE, FL 3225	EN O'NEAL STEEL, INC. 4			
Current Ma	iling Address	:	New Maili	ing Address:	
147 DENNA		EN O'NEAL STEEL, INC.			
FEI Number:		FEI Number Applied For ()	FEI Number Not Appl	olicable (X) Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and	d Address of New Registered Agent:	
MOONEY, NICHOLAS F ESQ. 100 S ASHLEY STE #100 TAMPA, FL 33614 US					
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.					
SIGNATUR	E:				
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP () D VAN MALSSEN, S 147 DENNARD S JACKSONVILLE,	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () C LOFTIN, PAUL 6901 E 6TH AVE TAMPA, FL 3361	pelete	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DT () D HATLESTAD, LAF 147 DENNARD S' JACKSONVILLE,	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () D LYNCH, LAYTON 5505 W GRAY ST TAMPA, FL 3363	Г	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition ROGERS, SHIRLEY 5100 W. LEMON ST. TAMPA, FL 33594	
Title: Name: Address: City-St-Zip:	D () C MCGIVNEY, PETI 200 NE 7TH ST HALLANDALE, FL		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D LOE, PETE P.O.BOX 592009 ORLANDO, FL 33		Title: Name: Address: City-St-Zip:	D (X) Change () Addition BOEDEKER, JIM 907 S. 20TH ST. TAMPA, FL 33625	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT VAN MALSSEN DP 04/10/2002