

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 024 ****61.25

DOCUMENT # N01000005495 1. Entity Name METAL SERVICE CENTER INSTITUTE-FLORIDA, INC.			
Principal Place of Business KA,ES A BPEDELER 907 S 20TH ST TAMPA, FL 33605		Mailing Address KA,ES A BPEDELER 907 S 20TH ST TAMPA, FL 33605	
2. Principal Place of Business - No P.O. Box # JAMES BOEDEKER		3. Mailing Address JAMES BOEDEKER	
Suite, Apt. #, etc. 907 S. 20TH ST.		Suite, Apt. #, etc. 907 S. 20TH ST.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33605		Zip 33605	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MOONEY, NICHOLAS F ESQ. 100 S ASHLEY STE #100 TAMPA, FL 33614		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN MALSSSEN, SCOTT 147 DENNARD ST JACKSONVILLE, FL 32254	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WALMSLEY, JOHN 5208 24TH AVE S TAMPA, FL 33619	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICHARDSON, CORDREANNE 6901 E 6TH AVE TAMPA, FL 336193300	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROGERS, SHIRLEY POB 31328 TAMPA, FL 336313328	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGIVNEY, PETE 200 NE 7TH ST HALLANDALE, FL 33008	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOEDEKER, JIM 907 S. 20TH ST. TAMPA, FL 33625	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>James Boedeker</i></u>		4/2/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Daytime Phone #		813-247-4511	

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01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
16-1637687

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

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