FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90749 043 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005495

1. Entity Name
METAL SERVICE CENTER INSTITUTE OF FLORIDA, INC.,

5-1-03

Principal Place of Business	Mailing Address
C/O SCOTT VAN MALSSEN O'NEAL STEEL, INC. 147 DENNARD ST JACKSONVILLE, FL 32254	C/O SCOTT VAN MALSSEN O'NEAL STEEL, INC. 147 DENNARD ST JACKSONVILLE, FL 32254

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 16-1637687 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOONEY, NICHOLAS F ESQ. 100 S ASHLEY STE #100 TAMPA, FL 33614	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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	~~DP~~ Director VAN MALSSEN, SCOTT 147 DENNARD ST JACKSONVILLE, FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Wayne Thompson 1004 Oakridge Manor Dr. Brandon, FL 33511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DV~~ ~~DP~~ LOFTIN, PAUL 6901 E 6TH AVE TAMPA, FL 33619	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Mark Galmon 2920 Eunice Av Orlando, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DT~~ DP HATLESTAD, LARRY 147 DENNARD ST JACKSONVILLE, FL 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ROGERS, SHIRLEY 5100 W. LEMON ST. TAMPA, FL 33694	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCGIVNEY, PETE 200 NE 7TH ST HALLANDALE, FL 33008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOEDEKER, JIM 907 S. 20TH ST. TAMPA, FL 33626	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: Scott Van Malssen, Scott Van Malssen 4-30-03 904-695-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #