

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90106 004 ***150.00

DOCUMENT # P00000051424

1. Entity Name

SEMBCO METALS, INC.

Principal Place of Business

Mailing Address

~~2002 TARPON LAKE WAY~~
~~WEST PALM BEACH FL 33411~~~~2002 TARPON LAKE WAY~~
~~WEST PALM BEACH FL 33411~~

2. Principal Place of Business

3. Mailing Address

12575 164th CT
Suite, Apt. #, etc.16765 Mellen Ln
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Jupiter FL
Zip 33478 Country USAJupiter FL
Zip 33478 Country USA

4. FEI Number

65-1014284

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

MEROLA, JAMES R
11380 PROSPERITY FARMS RD
PALM BEACH GARDENS FL 33410

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.

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SAMPERI, CHRISTIE
STREET ADDRESS 2032 TARPON LAKE WAY
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ DeleteTITLE Vice President
NAME
STREET ADDRESS 16765 Mellen Ln
CITY-ST-ZIP Jupiter FL 33478 ☒ Change ☐ AdditionTITLE D
NAME SEASE, WALLACE C
STREET ADDRESS 8510 WHISPERING OAKS WAY
CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ DeleteTITLE Secretary / Treasurer
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE D
NAME COOPER, CAMERON
STREET ADDRESS 12575 164TH CT
CITY-ST-ZIP JUPITER FL 33478 ☐ DeleteTITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)