

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90019 047 \*\*\*150.00

0458316

**DOCUMENT # P00000059675**

1. Entity Name  
**S & S METAL WORKS, INC.**

Principal Place of Business  
**6217 WESCONNETT BLVD  
 JACKSONVILLE FL 32244**

Mailing Address  
**6217 WESCONNETT BLVD  
 JACKSONVILLE FL 32244**

2. Principal Place of Business  
**1522 King Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1522 King St**  
 Suite, Apt. #, etc.

City & State  
**Jacksonville FL**  
 Zip  
**32204** Country  
**USA**

City & State  
**Jacksonville, FL**  
 Zip  
**32204** Country  
**USA**

4. FEI Number  
**59-3643206**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLONG, STEWART O JR  
 6217 WESCONNETT BLVD  
 JACKSONVILLE FL 32244**

**7. Name and Address of New Registered Agent**

Name  
**Stewart O. Blong Jr.**  
 Street Address (P.O. Box Number is Not Accepted)  
**1522 King Street**  
 City  
**Jacksonville** FL Zip Code  
**32204**

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 *Stewart O. Blong Jr.*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/30/01**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
**D** ☐ Delete  
 NAME  
**BLONG, STEWART O JR**  
 STREET ADDRESS  
**6217 WESCONNETT BLVD**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32244**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Stewart O. Blong Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/30/01**

DAYTIME PHONE # **904-384-4806**

CR2E034 (10/00)