

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90123 045 ***150.00

DOCUMENT # P00000114539

1. Entity Name
SHEET METAL CONSULTANTS, INC.



Principal Place of Business
1169 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714

Mailing Address
1169 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
17818 SE 86TH OAK LEAF TER
Suite, Apt. #, etc.

3. Mailing Address
17818 SE 86TH OAK LEAF TER
Suite, Apt. #, etc.

City & State
THE VILLAGES, FL.

City & State
THE VILLAGES FL.

4. FEI Number **59-3688184**

Applied For
Not Applicable

Zip
32162

Country
US

Zip
32162

Country
US

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

RIED, WALTER A
1169 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS FL 32714

Name **RIED, WALTER A**
Street Address (P.O. Box Number is Not Acceptable)
17818 SE 86TH OAK LEAF TER
City **THE VILLAGES** **FL** **Zip Code** **32162**

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 *Walter A Ried*
Signature, typed or printed name of registered agent and title if applicable.

WALTER A RIED

01/29/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **RIED, WALTER A**
STREET ADDRESS **1169 WOODLAND TERRACE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **RIED, WALTER A.**
STREET ADDRESS **17818 S.E. 86TH OAK LEAF TER**
CITY-ST-ZIP **THE VILLAGES, FL. 32162**

TITLE **D** ☐ **Delete**
NAME **RIED, CAROL J**
STREET ADDRESS **1169 WOODLAND TERRACE TRAIL**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **SECRETARY** ☒ **Change** ☐ **Addition**
NAME **RIED, CAROL J.**
STREET ADDRESS **17818 SE 86TH OAK LEAF TER**
CITY-ST-ZIP **THE VILLAGES, FL. 32162**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 607, 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: *Walter A Ried* **REQUIRED** **WALTER A. RIED** **01/29/03** **4094660201**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)