

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000017621

i. Entity Name
Z-COIL OF FLORIDA, INC.



Principal Place of Business
28641 TANNER DRIVE
WESLEY CHAPEL FL 33543

Mailing Address
28641 TANNER DRIVE
WESLEY CHAPEL FL 33543



2. Principal Place of Business
1910 North Himes Ave
Suite, Apt. #, etc.

3. Mailing Address
1910 North Himes Ave
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL
Zip 33607 Country US

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Tampa, FL
Zip 33607 Country US

4. FEI Number 59-3711667
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GALLUPPO, PENNY
28641 TANNER DRIVE
WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable. (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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	GALLUPPO, PENNY
STREET ADDRESS	501 WEST HILDA STREET
CITY-ST-ZIP	TAMPA FL 33603
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	DECKER, GUY
STREET ADDRESS	28641 TANNER DRIVE
CITY-ST-ZIP	WESTLY CHAPEL FL 33543
TITLE	S <input type="checkbox"/> Delete
NAME	GALLUPPO, PENNY
STREET ADDRESS	501 WEST HILDA STREET
CITY-ST-ZIP	TAMPA FL 33603
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03 JUN 30 PM 2:00
FILED
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

C. Ocullette JUN 30 2003

100021445321
07/10/03--01007--007 **150.00

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, or all other like empowered.

SIGNATURE: Penny Galluppo Penny Galluppo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #