

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90277 006 \*\*\*158.75

DOCUMENT # P02000068974

1. Entity Name  
EJ'S SCRAP METAL, INC.



Principal Place of Business  
106 NW 1 STREET  
HALLANDALE FL 33009

Mailing Address  
106 NW 1 STREET  
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

106 NW 1st St.  
Suite, Apt. #, etc.

106 NW 1st St.  
Suite, Apt. #, etc.

City & State

City & State

Hallandale, FL

Hallandale, FL

Zip

Country

33009 America

Zip

Country

33009 America

4. FEI Number

75-3068678

Applied For

Not Applicable

5. Certificate of Status Desired

7

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM, ELMER JR  
106 NW 1 STREET  
HALLANDALE FL 33009

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 Elmer Williams 4-13-03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME WILLIAMS, ELMER JR  
STREET ADDRESS 106 NW 1 STREET  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

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

TITLE S  
NAME WILLIAMS, TAMMIE  
STREET ADDRESS 106 NW 1 STREET  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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: Elmer Williams SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 954-298-6083

Date

Daytime Phone #

CR2E034 (10/02)