

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90111 001 ***150.00

DOCUMENT # P02000074678

1. Entity Name
A-PLUS METAL SUPPLY, INC.



Principal Place of Business
**35 NORWICH CIRCLE
NICEVILLE FL 32578**

Mailing Address
**35 NORWICH CIRCLE
NICEVILLE FL 32578**

2. Principal Place of Business
393 N. Ferdon Blvd.
Suite, Apt. #, etc.

3. Mailing Address
393 N. Ferdon Blvd.
Suite, Apt. #, etc.

City & State
Crestview, FL

City & State
Crestview, FL

Zip Country
32539

Zip Country
32539

4. FEI Number
81-0561674

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MASSICOT, ROBERT N
35 NORWICH CIRCLE
NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name
Joseph P. Fleming
Street Address (P.O. Box Number is Not Acceptable)
393 N. Ferdon Blvd.
City
Crestview, FL Zip Code
32533

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 *Joseph P. Fleming*
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** ☐ Delete
NAME **FLEMING, JOSEPH B**
STREET ADDRESS **6642 NORTH HIGHWAY 189**
CITY-ST-ZIP **BAKER FL 32531**

TITLE **VS** ☐ Delete
NAME **MASSICOT, ROBERT N**
STREET ADDRESS **35 NORWICH CIRCLE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Joseph P. Fleming
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03 850-683-5400

CR2E034 (10/02)