


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/28/2

FILED
Jun 09, 2003 8:00 am
Secretary of State

04-28-2003 90188 003 ***150.00

DOCUMENT # P02000107939 (9) 

1. Entity Name
96 STEEL SUPPLIES, INC.

Principal Place of Business
**16481 WILLIAMS RD.
N. FT. MYERS FL 33917**

Mailing Address
**16481 WILLIAMS RD.
N. FT. MYERS FL 33917**

2. Principal Place of Business
2508 Rockfill Rd
Suite, Apt. #, etc.

3. Mailing Address
2508 Rockfill Rd.
Suite, Apt. #, etc.

City & State
Ft. Myers FL

City & State
Ft. Myers FL


Zip
33916

Country
USA

Zip
33916

Country
USA

that: **44003619**



CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent
**WELCH, FRANK A
16481 WILLIAMS RD.
N. FT. MYERS FL 33917**

same paper as old cert

4. FEI Number
37-1444464

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name
FRANK WELCH
Street Address (P.O. Box Numbers Not Acceptable)
2508 Rockfill Rd
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]* **pres** DATE **1-7-03**

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when substituting)

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 NAME STREET ADDRESS CITY-ST-ZIP | P WELCH, FRANK A 16481 WILLIAMS RD. N. FT. MYERS FL 33917 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Christopher Mainous Christopher Mainous <i>Vice pres</i> 919 SW 32nd Ter Cape Coral, FL 33914 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **REQUIRED** DATE **1-7-03** **332-2811**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2004 (10/02)