

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90033 050 ***150.00

DOCUMENT # P03000009274

1. Entity Name

BAR BUILDERS STAINLESS OF FLORIDA INC.



Principal Place of Business

**4100 NORTH POWERLINE ROAD
#B-1
POMPANO BEACH FL 33073**

Mailing Address

**4100 NORTH POWERLINE ROAD
#B-1
POMPANO BEACH FL 33073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0672705

Applied For

Not Applicable

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

**OSTERHOUT, ROBERT F
4100 NORTH POWERLINE ROAD
POMPANO BEACH FL 33073**

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, 2005 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 PD
NAME OSTERHOUT, ROBERT F
STREET ADDRESS 5278 NW 84TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE PD
NAME OSTERHOUT, ROBERT
STREET ADDRESS 4100 N. Powerline Rd. #B4
CITY-ST-ZIP Pompano Bch, FL 33073 ☒ Change ☐ Addition

TITLE SVD
NAME OSTERHOUT, CLAUDIA J
STREET ADDRESS 5278 NW 84TH WAY
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ Delete

TITLE SVD
NAME OSTERHOUT, CLAUDIA
STREET ADDRESS 4100 N. Powerline Rd. #B4
CITY-ST-ZIP Pompano Bch, FL 33073 ☒ 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: *Claudia Osterhout* **CLAUDIA OSTERHOUT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/5 954-580-0280

Date

Daytime Phone #