

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37505

1. Entity Name

A. R. STEEL, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90271 031 ***150.00

Principal Place of Business

6220 ENGRAM RD.
NEW SMYRNA BCH. FL 32169

Mailing Address

6220 ENGRAM RD.
NEW SMYRNA BCH. FL 32169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 75-2129946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARPER, A. REED
6220 ENGRAM RD.
NEW SMYRNA BCH. FL 32169

7. Name and Address of New Registered Agent

Name
JOYCE ANN HARPER

Street Address (P.O. Box Number is Not Acceptable)
6220 ENGRAM ROAD

City
New SMYRNA BEACH FL Zip Code
32169

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME HARPER, A. REED
STREET ADDRESS 6220 ENGRAM RD.
CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE ST ☒ Delete
NAME HARPER, A. REED
STREET ADDRESS 6220 ENGRAM RD.
CITY-ST-ZIP NEW SMYRNA BCH. FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME JOYCE ANN HARPER
STREET ADDRESS 6220 ENGRAM ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ST ☐ Change ☒ Addition
NAME JOYCE ANN HARPER
STREET ADDRESS 6220 ENGRAM ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL

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

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

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

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

13. 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; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on attachment with an address, with all other like empowered.

SIGNATURE:

Joyce Ann Harper JOYCE ANN HARPER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01
Date

904 423 8673
Daytime Phone #

CR2E034 (10/00)