

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 009 ***150.00

DOCUMENT # **P37505**

1. Entity Name

A.R. STEEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6220 ENGRAM ROAD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW SMYRNA BEACH, FL

City & State

4. FEI Number

75-2129946

Applied For

Not Applicable

Zip

Country

32169

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOYCE A. 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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	JOYCE A. HARPER	6220 ENGRAM ROAD	NEW SMYRNA BEACH, FL 32169
ST	JOYCE A. HARPER	6220 ENGRAM ROAD	NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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 or 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Joyce A. Harper

JOYCE A. HARPER, PRES.

4/24/02

386-423-8673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #