

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91838 044 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

70050957

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	4. FEI Number 75-2129946
Zip 32169	Country
City & State NEW SMYRNA BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32169	Country
DO NOT WRITE IN THIS SPACE	
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	Zip Code FL 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. 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 _____	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOYCE A. HARPER 6220 ENGRAM ROAD NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOYCE A. HARPER 6220 ENGRAM ROAD NEW SMYRNA BEACH, FL 32169
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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)(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 as an attachment with an address, with all other like empowered.	
SIGNATURE: <u>JOYCE A. HARPER</u> JOYCE A. HARPER, PRES. 4/1/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

CR2E034B (12/02)