

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90074 041 ***550.00

0136909
 AB

DOCUMENT # P38061

1. Entity Name

CRITERION METALS, INC.

Principal Place of Business

279 JENCKES HILL RD
 SMITHFIELD RI 02917
 US

Mailing Address

279 JENCKES HILL RD
 SMITHFIELD RE 02917
 US

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

05-0455152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CONNELLY, DAVID J
 11202 ST JOHNS INDUSTRIAL PKWY
 SUITE 1
 JACKSONVILLE FL 32116

7. Name and Address of New Registered Agent

Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd
 City **Plantation** FL Zip Code **33324**

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

PETER F. SOUZA
ASSISTANT SECRETARY

7/31/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	WILCOX, MILTON	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHROER, MICHAEL	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOP, WOLFGANG	
STREET ADDRESS	279 JENCKES HILL RD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEELE, KEVIN J	
STREET ADDRESS	279 JENCKES HILL ROAD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANKE, GUNTER	
STREET ADDRESS	279 JENCKES HILL ROAD	
CITY-ST-ZIP	SMITHFIELD RI 02917	
TITLE	None	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Marcus Parth - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	279 Jenckes Hill Rd	
CITY-ST-ZIP	Smithfield, RI 02917	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *Kevin Steele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Steele 7/23/01 (401) 334-4800

CR2E034 (5/01)