2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

860 SOUTH BENEVA ROAD

P93000021096 **DOCUMENT #**

1. Entity Name

Principal Place of Business

860 SOUTH BENEVA ROAD

ARCHITECTURAL STEEL CONSULTANTS, INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90101 039 ***150.00

Sulfa, April, #, 86C. Sulfa, Agr. #, 96C. GHECK HERE IF MAKING CHANGES City & State Cry & State A. FEI Number 65-0089044 Applied Fr.	SARASOTA FL 34232 US		SARA	SARASOTA FL 34232 US									
City & State Country E. Coun	2. Principal F	Place of Business	3. Mai	lling Address									
St. Country Zip Country S. Certificate of Status Desired St. 75 Additional	Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
Secretificate of Status Desired Secretificate Secretificate Secretificate Secretificate Secretif	City & Stat	е	City	& State			4. F	FEI Number 65-0399044			oplied For		
Name and Address of Current Registered Agent Name	Zip	Country	Zip		Country		5. (Certificate of Status Desired		8.75 Add	ditional		
STREET ADDRESS ARASOTA FL 34238 STREET ADDRESS ARASOTA FL 34238 City FL Zip Code City FL City FL Zip Code City FL Zi	***===	6. Name and Address of Current	Registere	ed Agent			7. 1	Name and Address of New Reg	stered A	ent			
Side ADDRESS (F.O. BOX NUMBER IS NOT A Cooppeane) Single ADDRESS (F.O. BOX Number is Not Acceptable) Side ADDRESS (F.O. BOX Number is Not Acceptable) City		•			Name	Name							
SIGNATURE: City FL Zip Code City FL Zip Code City FL Zip Code S. 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 acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and acc me obligators of registered agent, or both in the State of Florida. I am familiar with, and accompanies and accompanies agent with a register agent agent determined agent determined agent, or both in the State of Florida. I am familiar with, and accompanies agent agent agent agent determined agent	MEDEIRO	s, daniel a			Street	Address (F	O. B	ox Number is Not Acceptable)					
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. Part	SARASOT	A FL 34238											
SIGNATURE STREET ADDRESS CTY-S1-2P Change Add Ad					City				FL	Zip Cod	 е		
FILE NOW!!! FEE IS S150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.			the purp	ose of changing its re	egistered office	or registere	ed age	ent, or both, in the State of Florid	la. I am fai	miliar with,	and accept		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE .												
After May 1, 2003 Fee will be \$550.00 May I Added to Florida Department of State 10.		Signature, typed or printed name of registered agent a	nd title if app	olicable. (NOTE: I	Registered Agent signs	ature required	when re	instating)	DATE				
TITLE WANAE STREET ADDRESS CITY-ST-2P STREET	Afte	r May 1, 2003 Fee will be \$550.00	State										
NAME STREET ADDRESS S	10.	OFFICERS AND	DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFICE	ERS AND C	DIRECTORS	3 IN 11		
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NAME STREET ADDRESS CITY- ST-ZIP 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 occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the corporation or the receiver of trustee empowered execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other interpropersed. SIGNATURE: SIGNATURE: STREET ADDRESS CITY- ST- ZIP STREET ADDRESS CITY - ST- ZIP STREET	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS				[☐ Change	☐ Addition		
indicated on this report or suppremental 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 direct of the corporation or the receiver of trustee empowered the expedie this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with a other integration of the corporation of the receiver of trustee empowered that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with a other integration of the corporation of the receiver of trustee empowered that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with a other integration of the corporation of the receiver of trustee empowered that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with a other integration of the corporation of the receiver of trustee empowered this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with a other integration of the corporation of the receiver of trustee empowered the corporation of the	NAME STREET ADDRESS			☐ Delete	NAME STREET ADDRESS	1	•		. [Change	Addition		
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