

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-10-2003 90078 002 ***150.00

DOCUMENT # P93000053502

1. Entity Name
CAREY STEEL TYING, INC.



Principal Place of Business
**6315 INDIAN WELLS BLVD.
BOYNTON BEACH FL 33437
US**

Mailing Address
**6315 INDIAN WELLS BLVD.
BOYNTON BEACH FL 33437
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0429650**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAREY, ROSS
240 ROSS DRIVE
DELRAY BEACH FL 33445**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CAREY, WILLIAM**
STREET ADDRESS **3931 SHERWOOD BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **Marshal Jester** ☐ Change ☒ Addition
NAME **~~James~~**
STREET ADDRESS **1316 Prospect Street**
CITY-ST-ZIP **DELRAY Bch FL 33445**

TITLE **VP** ☐ Delete
NAME **CAREY, ROSS**
STREET ADDRESS **4900 LINCOLN ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE **S** ☐ Delete
NAME **CAREY, BELINDA**
STREET ADDRESS **4900 LINCOLN ROAD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ***[Signature]***
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 5:01 PM 734-84361
Date Daytime Phone #

CR2E034 (10/02)