

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000074440**

1. Entity Name

SHEET METAL SERVICES, INC.**FILED****May 31, 2000 8:00 am**
Secretary of State

05-31-2000 90057 010 ***150.00

Principal Place of Business

Mailing Address

1480 N US HW 1
TITUSVILLE FL 32780
US**PO BOX 177**
MIMS FL 32754-0177
US

2. Principal Place of Business

3. Mailing Address

2412 N. U.S. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIMS, FL 32754

4. FEI Number

59-3274072

Applied For

Not Applicable

Zip

Country

Zip

Country

32754**USA**

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

BANNISTER, JAMES C
2223 FREEDOM AVE
MIMS FL 32754

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.

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **APPLEGATE, ROBERT F**
STREET ADDRESS **5630 FRIENDLY ST**
CITY-ST-ZIP **PORT ST JOHN FL 32927**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☒ Delete
NAME **BUTLER, WAYNE J**
STREET ADDRESS **6340 MANILA AVE**
CITY-ST-ZIP **COCOA FL 32927**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **ALLEN, THOMAS B**
STREET ADDRESS **1887 S PINEDALE RD**
CITY-ST-ZIP **EDGEWATER FL 32141**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 **383-3372**

CR2E034 (9/99)