

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90122 014 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000090797**

1. Entity Name  
**AMERICAN STEEL-FABRICATORS, INC.**

Principal Place of Business

Mailing Address

2665 PRINCE ST.  
 FT. MYERS FL 33916  
 US

P.O. BOX 180527  
 FT. LAUDERDALE FL 33310  
 US

2. Principal Place of Business

3. Mailing Address

**2665 PRINCE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**FT MYERS, FL**

4. FEI Number

**65-0537456**

Applied For

Not Applicable

Zip

Country

Zip  
**33916**

Country  
**LCE**

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

**GORDON, BRIAN**  
**4208 N. 31 AVE., SUITE #1**  
**HOLLYWOOD FL 33021**

Name  
**GORDON, BRIAN**

Street Address (P.O. Box Number is Not Acceptable)

**2665 PRINCE ST**

City

**FT MYERS, FL**

**FL**

Zip Code  
**33916**

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, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DC**  
**GORDON, BRIAN**  
**4208 NORTH 31DT AVE. SUITE 3**  
**HOLLYWOOD FL 33021**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DCP**  
**BRIAN GORDON, BRIAN**  
**2665 PRINCE ST**  
**FT MYERS, FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**CAMERON, FRANK**  
**2665 PRINCE ST.**  
**FT MYERS FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**STRONG, CHUCK**  
**2665 PRINCE ST**  
**FT MYERS, FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**ANDERSON, CHARLIE**  
**2665 PRINCE ST.**  
**FORT MYERS FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**STRONG, CHUCK**  
**2665 PRINCE ST**  
**FT MYERS, FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**CAMPOS, OLGA**  
**4208 N. 31 AVE, SUITE #3**  
**HOLLYWOOD FL 33021**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VTS**  
**GONZALEZ, CONRAD**  
**2665 PRINCE ST**  
**FT MYERS, FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**MASON, CARL**  
**2665 PRINCE ST**  
**FT MYERS, FL 33916**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**MASON, CARL**  
**2665 PRINCE ST**  
**FT MYERS, FL 33916**

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

**941-337-3480**

Daytime Phone #

CR2E034 (9/01)