FILED May 23, 2003 8:00 am 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P95000004717 DOCUMENT # 05-23-2003 90144 024 ***550.00 1. Entity Name IRVIN STEEL, INC. Principal Place of Business Mailing Address UNTALAMI 420 WARE BLVD 420 WARE BLVD TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address 909 U.S. HWY 30/ 909 U.S. Hwy 301 ☐ CHECK HERE IF MAKING CHANGES 130 SUITE City & State ity & State 4. FEI Number Applied For 59-3288740 AMPA Not Applicable Country USH \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASTELLANO, NELSON T Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD **SUITE 2700** TAMPA FL 33602 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE IRVIN, GRADY J GRADY NAME NAME IRVIN. 1909 U.S. Huy 301 - SUTE 130 STREET ADDRESS 420 WARE BLVD STREET ADDRESS **TAMPA FL 33619** TAMPA EL 33619 CITY-ST-ZIP CITY-ST-ZIP Vmo TITLE ☐ Delete TITLE ☐ Change IRVIN, DELLA P DENISE I. CANNON NAME NAME 1909 U.S. HWY 301 - SUITE130 STREET ADDRESS 420 WARE BLVD STREET ADDRESS TAMPA FL 33619 CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33619 TITLE TITLE Change Addition ☐ Delete 57 IRVIN DELIA P. 1909 U.S. HWY 301-54TE 130 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition

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 both all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

UNIC KIS SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition