

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044009

1. Entity Name

SOUTHERN CASTING SALES, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90160 045 \*\*\*150.00

Principal Place of Business

10798 GREENBRIAR VILLA DR  
LAKE WORTH FL 33467

Mailing Address

10798 GREENBRIAR VILLA DR  
LAKE WORTH FL 33467-8621

2. Principal Place of Business

490 BUSINESS PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Royal Palm BEACH FL.

City & State

Zip  
33411

Country  
U.S.A.

Zip

Country

4. FEI Number 65-0586424

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

PORRO, HILDA M  
13857 WELLINGTON TRACE SUITE D-1  
WEST PALM BEACH FL 33414

Name HILDA M. PORRO

Street Address (P.O. Box Number is Not Acceptable)  
12773 W FOREST HILL BLVD.

SUITE 1201

City WELLINGTON

FL

Zip Code 33414

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 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 DPST  
NAME BATTELENE, LOUISE J  
STREET ADDRESS 10798 GREENBRIAR VILLA DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33467 ☒ Delete

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

TITLE PRESIDENT  
NAME EDWIN A. BATTELENE  
STREET ADDRESS 10798 GREENBRIAR VILLA DR.  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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: Edwin A. Battelene EDWIN A. BATTELENE 4/20/00 561-753-7733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)