

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000048652

1. Entity Name

LEMASTERS STEEL WORKS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90086 044 ***150.00

Principal Place of Business

Mailing Address

2934 WOODCREST DR
3520 HACIENDA STREET
SARASOTA FL 34239
US

2934 WOODCREST DR
3520 HACIENDA STREET
SARASOTA FL 34239-5717
US

2. Principal Place of Business

2934 WOODCREST DRIVE

3. Mailing Address

2934 WOODCREST DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTS, FLORIDA

4. FEI Number

65-0586651

Applied For

Not Applicable

Zip

34239

Country

SARASOTA

Zip

34239

Country

SARASOTA

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

LEMASTERS, JOHN AND DIANA
2934 WOODCREST DR
SARASOTA FL 34239

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

John C Lemasters Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

John C Lemasters Jr. 2/22/2000

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 PD
NAME JOHN LEMASTERS
STREET ADDRESS 2934 WOODCREST DR
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

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

TITLE ST
NAME DIANE LEMASTERS
STREET ADDRESS 2934 WOODCREST DR
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)