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2002 Uniform Business Report (UBR)

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Mar 18, 2002 8:00 am Secretary of State P95000067302 DOCUMENT # 1. Entity Name 03-18-2002 90061 005 ***150.00 HOLLOW METAL INC. Principal Place of Business Mailing Address 5275 CAUSEWAY BLVD. 5275 CAUSEWAY BLVD. **TAMPA FL 33619 TAMPA FL 33619** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3335892 Not Applicable Zip Country Country \$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 Name **GORDON, NORRIS** Street Address (P.O. Box Number is Not Acceptable) 27216 CORAL SPRING DRIVE ZEPHER HILLS FL 35543 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition NORRIS GOTDON **GORDON, NORRIS** NAME NAME STREET ADDRESS STREET ADDRESS 27216 COVALSP.DE 5214 E SENECA AVE. CITY-ST-ZIP CITY-ST-7IP **TEMPLE TERRACE FL 33617** WESLES CHASEL 33543 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME CHESTNUT, BRUCE J STREET ADDRESS STREET ADDRESS 402 PARMAN ST CITY-ST-ZIP CITY-ST-ZIP LONDON KY 40741 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if