

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083658

1. Entity Name
R & C STEEL INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90110 041 ***158.75

Principal Place of Business

Mailing Address

15903 US 301
DADE CITY FL 33523
US

15903 US 301
DADE CITY FL 33523
US

2. Principal Place of Business

3. Mailing Address

~~DADE CITY, FL.~~
Suite, Apt. #, etc.

~~15903 US 301~~
Suite, Apt. #, etc.

~~DADE CITY, FL.~~
City & State

~~DADE CITY, FL.~~
City & State

~~33523~~ ~~PASCO~~
Zip Country

~~33523~~ ~~PASCO~~
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339929

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

HUNT, ROGER L
15903 US 301
DADE CITY FL 33525

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 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, 2001 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 D ☐ Delete
NAME HUNT, ROGER L
STREET ADDRESS 6801 23RD ST.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE D ☐ Delete
NAME HUNT, CHERYL A
STREET ADDRESS 6801 23RD ST.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)