## <sup>2</sup>2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 24, 2001 8:00 am Secretary of State DOCUMENT # **P96000009230** 1. Entity Name STEEL CITY PRODUCTS AND SERVICES, INC. 01-24-2001 90058 015 \*\*\*150.00 Principal Place of Business Mailing Address 3194 PEBBLE BEACH DR 3194 PEBBLE BEACH DR LAKE WORTH FL 33467 LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Addres Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0659085 OUNTON Not Applicable \$8.75 Additional 5. Certificate of Status Desired AIM BEAC Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REUL, BARBARA Street Address (P.O. Box Number is Not Acceptable) 3194 PEBBLE BEACH DR LAKE WORTH FL 33467 sen BIVD 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. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE BARBARA REUL 5221 ROSEN BIND HOUSE, CHRISTINA NAME STREET ADDRESS 3440 CARLTON LN STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FI CITY-ST-ZIP DAVIE FL 33330 🔀 Delete TITLE JOSEPH REUL 221 ROSEN BIND DYNTON BEACH, Fl 33437 NAME REUL, BARBARA NAME STREET ADDRESS STREET ADDRESS 3194 PEBBLE BEACH DR. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 **1** Addition Delete TITLE SD TITLE NAME NAME REUL, CHRISTOPHER STREET ADDRESS STREET ADDRESS 3194 PEBBLE BEACH DR. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE

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 attackfight with an address, with all of 19 like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: BARBARA REUL PRES

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1/9/01 (561) 1/9/01 740-2474 CR2E034 (10)

■ Addition

Change