

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026297

1. Entity Name

METAL MASTERS OF SOUTHWEST FLORIDA, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90141 014 ***150.00

0387096

Principal Place of Business

17371 ALICO CENTER RD.
FT MYERS FL 33912
US

Mailing Address

17450 CALOOSA TRACE CIRCLE
FORT MYERS FL 33912
US

00048537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

15101 Sweetwater Ct.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, FL

Zip

Country

Zip

33912

Country

4. FEI Number 65-0653765

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

NEMETH, MARK
17450 CALOOSA TRACE CIRCLE
FORT MYERS FL 33912

Name

Street Address (P.O. Box Number is Not Acceptable)

15101 Sweetwater Court

City

Fort Myers

FL

Zip Code

33912

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

Mark Nemeth

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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 P
NAME NEMETH, MARK J ☐ Delete
STREET ADDRESS 17450 CALOOSA TRACE CIRCLE
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 15101 Sweetwater Court
CITY-ST-ZIP Fort Myers, FL 33912

TITLE VP
NAME ZAMBRYSKI, LANCE J ☐ Delete
STREET ADDRESS 1208 FIFTH STREET
CITY-ST-ZIP LEHIGH FL

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

TITLE ST
NAME NEMETH, KATHLEEN M ☐ Delete
STREET ADDRESS 17450 CALOOSA TRACE CIRCLE
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 15101 Sweetwater Court
CITY-ST-ZIP Fort Myers, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathleen Nemeth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

941-267-3660

Daytime Phone #

CR2E034 (10/00)