

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90003 023 ***150.00

00064297

DO NOT WRITE IN THIS SPACE

DOCUMENT # PA6000054141 **Entity Name** STEEL SYSTEM CONSTRUCTION, INC.

Principal Place of Business 128 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411

Mailing Address 1128 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411

2. Principal Place of Business 1128 ROYAL PALM BCH, BLVD **3. Mailing Address** 1128 ROYAL PALM BCH BLVD
 Suite, Apt. #, etc.

City & State ROYAL PALM BEACH, FL **City & State** ROYAL PALM BEACH, FL
Zip 33411 **Country** 33411 **Country** 33411

6. Name and Address of Current Registered Agent ALAIN OUELLETTE
1128 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 NAME STREET ADDRESS CITY-ST-ZIP	<u>DPST</u> <u>ALAIN OUELLETTE</u> <u>1128 ROYAL PALM BEACH BLVD.</u> <u>ROYAL PALM BEACH, FL. 33411</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: Alain Ouellette **5/1/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)