## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 06, 2001 8:00 am DOCUMENT # P96000054141 **Secretary of State** 1. Entity Name STEEL SYSTEM CONSTRUCTION, INC. 02-06-2001 90323 022 \*\*\*150.00 Principal Place of Business Mailing Address 1128 ROYAL PALM BEACH BLVD 1128 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 NUULOUS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0679649 Not Applicable Zip 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 OUELLETTE, ALAIN Street Address (P.O. Box Number is Not Acceptable) 1128 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPTS** ☐ Change TITLE Delete TITLE ☐ Addition NAME OUELLETTE, ALAIN NAME STREET ADDRESS 1128 ROYAL PALM BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 TITLE ☐ Delete Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 our disee employered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

of the corporation or the receiver or hustee changed, or on an attachment with an add

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