2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P97000014393** A & S STEEL FRAMING, INC. 04-11-2001 90059 030 ***150.00 Principal Place of Business Mailing Address 2341 CANAL DRIVE 2341 CANAL DRIVE NICEVILLE FL 32578 NICEVILLE FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3418611 Not Applicable 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 MAYEW. WALTER L* Street Address (P.O. Box Number is Not Acceptable) 2341 CANAL DRIVE NICEVILLE FL 32578 Zip Code FL 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change Addition TITLE MAYEW, WALTER L NAME NAME 2341 CANAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME SUMMERS, PHIL NAME STREET ADDRESS 1150 LA GRANGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 TITLE ☐ Defete TITLE Change Addition NAME MAYEW, ARDATHO NAME STREET ADDRESS 2341 CANAL DRIVE STREET ADDRESS CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-ZIP TITLE Addition TITLE ☐ Delete 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 ☐ Delete ☐ Addition ☐ Change 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 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