2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000033428** May 08, 2000 8:00 am Secretary of State DETAILZ-STEEL DETAILERS, INC. 05-08-2000 90180 027 ***150.00 Principal Place of Business Mailing Address 9140 GOLFSIDE DRIVE 9140 GOLFSIDE DR STE 9 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-1881 US 2. Principal Place of Business 3. Mailing Address 7701 BAYMEAPOWS CIRCLE WEST 7701 BAYMEADOWS CIRCLE WEST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. UNIT # 1162 UNIT # 1162 Applied For City & State City & State 4. FEI Number 59-3439304 FLORIDA JACKSONYILLE JACKSONVILLE Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired USA USA 32256 Fee Required 3225<u>6</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOATWRIGHT, SCOTT R Street Address (P.O. Box Number is Not Acceptable) 4209 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32217 City 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. DATE 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS 11. PDVT Change ☐ Addition PDVT TITLE **X** Delete TITLE ZYCHINSKI , RICHARD). PRITCHARD, PATRICIA NAME NAME THOI BATMEADOWS CIRCLE WEST STREET ADDRESS 9140 GOLFSIDE DRIVE STREET ADDRESS JACKSONVIZLE, FL. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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TITLE

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NAME

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

4-25-00

904-731-1625

Daytime Phone #

Change

☐ Change

■ Addition

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