

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000033428**1. Entity Name
DETAILZ-STEEL DETAILERS, INC.

Principal Place of Business	Mailing Address
7701 BAYMEADOWS CIRCLE WEST	7701 BAYMEADOWS CIRCLE WEST
UNIT #1162	UNIT #1162
JACKSONVILLE FL	JACKSONVILLE FL
32256 US	32256 US

2. Principal Place of Business
7701 BAYMEADOWS CIRCLE WEST

3. Mailing Address

Suite, Apt. #, etc.
UNIT #1045

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number
59-3439304Applied For
Not Applicable

Zip	Country	Zip	Country
32256	US		

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOATWRIGHT SCOTT R
4209 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL
32217 US

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 _____ 04/30/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	PDVT	<input type="checkbox"/> Delete
NAME	ZYCHINSKI RICHARD J	
STREET ADDRESS	7701 BAYMEADOWS CIRCLE WEST #1162	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Delete
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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: Richard J Zychinski

PDVT 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)