

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91161 030 ***150.00

DOCUMENT # P97000091565

1. Entity Name
DINO & SONS METAL INC.



Principal Place of Business
5505 WEST STREET
DELEON SPRINGS FL 32763

Mailing Address
44628 LAKE MACK DR.
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

5505 West Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Deleon Springs FL

4. FEI Number

59-3474892

Applied For

Not Applicable

Zip

Country

Zip

Country

32763

Vol

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMINES, DEAN L
44628 LAKE MACK DR.
DELAND FL 32720

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **ROMINES, DEAN L**
STREET ADDRESS **44628 LAKE MACK DR.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE **REDEAN ROMINES**

4-29-03

(352-636-9316)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)