2002 Uniform Business Report (UBR)

Apr 18, 2002 8:00 am Secretary of State DOCUMENT # P97000094817 1. Entity Name 04-18-2002 90434 021 ***150.00 STALLION STEEL, INC. Mailing Address Principal Place of Business P.O. BOX 6307 P.O. BOX 6307 MARIANNA FL 32447 MARIANNA FL 32447 2. Principal Place of Business 3. Mailing Address 4413 MARION STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State MAYC (ANNA City & State 59-3489113 Not Applicable Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required **32448** uch - 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARKINS, JAMES E JR Street Address (P.O. Box Number is Not Acceptable) 4413 MARION STREET MARIANNA FL 32448 Zip Code City 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 E. HARKINS JA SIGNATURE 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition TITLE TITLE □ Delete NAME NAME HARKINS, JAMES E JR STREET ADDRESS STREET ADDRESS 3124 FOURTH STREET MARIANNA FL 32447 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

TAMES E. HARKING JR.

FILED