2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108007

1. Entity Name

EAST TAMPA METALS & RECYCLING, INC.

W10957

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2308 N, 56th, STREET TAMPA FL 33619	P.O. BOX 1964 BRANDON FL 33509

DO NOT WRITE IN THIS SPACE 98-00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. FEI Number: 59-3489051 — Applied For / Not Applicable

5. Certificate of Status Desired — $0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSMITH, JOHN D ESQ.
101 E. KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 _____ 6/8/00
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to certify its compliance with any filing requirement and elects to do so (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 Added to Fee

11. OFFICER AND DIRECTORS

TITLE	DPYS	☐ Delete
NAME	YOB, JONATHAN A	
STREET ADDRESS	3513 SPRINGVILLE DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

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13. I hereby certify that the information supplied with this filing, does and quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental request 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 alteration, with all other like empowered.

SIGNATURE: _____ DPYS 4/2/00 (813)621-230
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number