

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108007

1. Entity Name

EAST TAMPA METALS AND RECYCLING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90026 036 ***150.00

Principal Place of Business

2308 N. 56TH STREET
TAMPA FL 33619

Mailing Address

P.O. Box 19120
TAMPA FL 33686-9120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3489051**

Applied For
Not Applicable

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

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

Name

JONATHAN A. YOB

Street Address (P.O. Box Number's Not Acceptable)

7501 INTERBAY BLVD

City

TAMPA

Zip Code

33616

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

Signature of officer or printer name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 State

10. 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 2001

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPTS
YOB, JONATHAN A
7501 INTERBAY BLVD
TAMPA FL 33616 ☐ Delete

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

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 637, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-01 (813-621-2319)

Date

Digitally signed by

CR2E034 (10.00)