## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9800000389 May 09, 2000 8:00 am **Secretary of State** TEAM REBAR INC. 05-09-2000 90022 040 \*\*\*158.75 Mailing Address Principal Place of Business 4200 CARLYGLE AVE 4290 CARLYSLE AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780-6483 3. Mailing Address 2. Principal Place of Business 8170 Windover Whe DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3487435 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KORPACZ, STÉVEN Street Address (P.O. Box Number is Not Acceptable) **4280 CARLYSLE AVE** TITUSVILLE FL 32780 Zip Code FΙ 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, typed or printed name of registered agent and title if applicable DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Addition CR2E034 (9/99 M Change TITLE ☐ Delete TITLE KORPACZ, STEVEN NAME NAME 8170 Windover Way 4280 CARLYSLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP . Change Addition TITLE. Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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: 4/24/00 321-264-0972