

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000389

1. Entity Name
TEAM REBAR INC.

Principal Place of Business

~~4280 CARLYSLE AVE~~
TITUSVILLE FL 32780

Mailing Address

~~8170 WINDOVER WAY~~
TITUSVILLE FL 32780

2. Principal Place of Business

3852 S. HOPKINS AVE

3. Mailing Address

P.O. BOX 5712

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

TITUSVILLE, FL

Zip

32780

Country

BREVARD

Zip

32780

Country

BREVARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KORPACZ, STEVEN
~~4280 CARLYSLE AVE~~
TITUSVILLE FL 32780

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

Signature, typed or printed 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 11

TITLE **P** ☐ Delete
NAME **KORPACZ, STEVEN**
STREET ADDRESS **8170 WINDOVER WAY**
CITY-ST-ZIP **TITUSVILLE FL 32780**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 321-264-0972
Date Daytime Phone #

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

04-30-2001 90398 020 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3487435**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)