

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90181 038 ***150.00

DOCUMENT # P98000004821

1. Entity Name
A - 1 BEST PRICE METAL, INC.

Principal Place of Business Mailing Address
902 W. LUMSDEN ROAD **P O BOX 186**
FL 33511 **BRANDON FL 33509-0186**

2. Principal Place of Business 3. Mailing Address
2908 SYDNEY ROAD **P.O. Box 3116**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PLANT CITY **PLANT CITY**
 Zip Country Zip Country
33567 **FLORIDA** **33564** **FLORIDA**

4. FEI Number Applied For
59-3486478 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VENABLE, DOROTHY
101 E. KENNEDY BLVD
#2460
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **RON STOBLOM**
 Street Address (P.O. Box Number is Not Acceptable) **219 S. HALE AVE**
 City **TAMPA** FL Zip Code **33609**

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]* DATE **2/10/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, LORI J 902 W. LUMSDEN ROAD, #105 BRANDON FL 33511 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON STOBLOM PRES <input type="checkbox"/> Delete 219 S. HALE AVE TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTIN WINTERS V.P. <input type="checkbox"/> Delete 902 W. LUMSDEN ROAD #105 BRANDON FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **RON STOBLOM** DATE **2/10/00** DAYTIME PHONE # **(813) 759-8292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/99)



DO NOT WRITE IN THIS SPACE