

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90072 006 \*\*\*158.75

0039470

**DOCUMENT # P98000016991**

1. Entity Name

**NORTH FLORIDA POLYSTEEL, INC.**

Principal Place of Business

**4300 NW 23RD AVE. #415**  
**GAINESVILLE FL 32606**

Mailing Address

**4300 NW 23RD AVE. #415**  
**GAINESVILLE FL 32606**

**736794**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

**#518**

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

**#518**

City & State

Zip

Country

4. FEI Number **59-3499220**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CRIBB, ROY S**  
**4300 NW 23RD AVE. #415**  
**GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**4300 NW 23RD #518**

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

*Roy S. Cribb*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/25/01**

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

TITLE **PVT**  
NAME **CRIBB, ROY S**  
STREET ADDRESS **4300 NW 23RD AVE. #415**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

☐ Delete

TITLE  
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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-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)(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, title or other like empowered.

SIGNATURE:

*Roy S. Cribb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/01**

DATE

**352 376 4642**

Daytime Phone #

CR2E034 (10/00)