

2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

DOCUMENT # **P98000040235**

06-26-2001 90008 022 ***150.00
P98000040235

1. Entity Name
Steel Nuts Inc.
116 Willow Ln. Islamorada FL 33036

FILED

01 AUG 24 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Holiday Isle Resort
& Marina

Mailing Address
116 Willow Ln
Islamorada FL
33036

2. Principal Place of Business
SAME

3. Mailing Address
SAME

DO NOT WRITE IN THIS SPACE
05-03-00 90070 02M \$150.00

City & State
Islamorada FL

City & State
SAME

4. FEI Number
65-0844819

Zip
33036

Country
USA

Zip
SAME

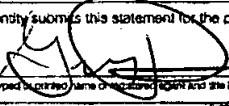
Country
SAME

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

6. Name and Address of Current Registered Agent
Greg Pope
116 Willow Ln.
Islamorada FL 33036

7. Name and Address of New Registered Agent
Name **N/A**
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.

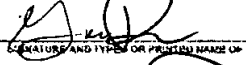
SIGNATURE  DATE **08/02/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	Greg Pope		STREET ADDRESS		
CITY-ST-ZIP	116 Willow Ln.		CITY-ST-ZIP		
	Islamorada FL 33036				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 667, 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:  DATE **4/25/01** **305 664 8588**

