page 1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

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

FILED
01 AUG 24 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000040235

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

Principal Place of Business	Mailing Address
Holiday Isle Resort & Marina	116 willow Ln Islamorada Fl 33036
2. Principal Place of Business: SAME	3. Mailing Address: SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.: SAME
City & State: Islamorada Fl	City & State: SAME
Zip: 33036 Country: Monroe U.S.A	Zip: SAME Country

DO NOT WRITE IN THIS SPACE
05-03-00 90070 024 $150.00

4. FEI Number: 65-0844819 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Greg Pope [redacted]	Name: N/A
116 willow Ln.	Street Address (P.O. Box Number is Not Acceptable)
Islamorada Fl. 33036	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] 08/02/01
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 Checks 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	Owner ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Greg Pope	NAME	
STREET ADDRESS	116 willow Ln.	STREET ADDRESS	
CITY-ST-ZIP	Islamorada Fl. 33036	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	00-01 UBR 18
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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] 4/25/01 305 664 8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #