2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056363 Jan 19, 2000 8:00 am Secretary of State R & D STEEL, INC. 01-19-2000 90265 019 ***150.00 Principal Place of Business Mailing Address 235-69TH ST. NORTH 235-69TH ST. NORTH ST. PETERSBURG FL 33710-7613 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3553807 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAY, DONALD E Street Address (P.O. Box Number is Not Acceptable) 235-69TH ST. NORTH ST. PETERSBURG FL 33710 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees . (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE GRAY, DONALD E NAME STREET ADDRESS STREET ADDRESS 235-69TH ST. NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCGEE, ROBERT A NAME NAME STREET ADDRESS 8598 MERRIMORE BLVD. EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

1-12-2000

Daytime Phone #