## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 14, 2000 8:00 am DOCUMENT # P98000074488 Secretary of State CONE STEEL WORKS & MAINTENANCE, INC. 03-14-2000 90085 023 \*\*\*150.00 Mailing Address Principal Place of Business 2653 PAUL S. BUCHMAN HWY 2653 PAUL S. BUCHMAN HWY ZEPHYRHILLS FL 33540-3105 ZEPHYRHILLS FL 33540 OUG FABRE 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 59-3529477 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONE, CHRISTINA M Street Address (P.O. Box Number is Not Acceptable) 2653 PAUL S. BUCHMAN HWY ZEPHYRHILLS FL 33540 Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ De'ete TITLE CONE, CHRISTINA M NAME NAME STREET ADDRESS 2653 PAUL S. BUCHMAN HWY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ZEPHYRHILLS FL 33540 Change ☐ Addition ☐ Delete TITLE TITLE CONE, DANNY E NAME NAME 2653 PAUL S. BUCHMAN HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Change ☐ Addition TITLE De'ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 eath; 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 attachm in address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition