Zip Code F۱

2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P98000078168 1. Entity Name STEEL ENGINEERED DESIGN SYSTEMS, INC. 04-10-2000 90171 014 ***150.00 Principal Place of Business Mailing Address 3650 UNION HILL ROAD. 3650-HNION-HILL: BOAD BOWFAY FI 24925 BONIFAY Ft 32425 9092 JD97() ernon t 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3533081 Not Applicable Zip Country \$8.75 Additional 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 Name **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE Bielinski, Charles R NAME BIELINSKI. CHARLES R STREET ADDRESS STREET ADDRESS 3650 UNION HILL ROAD CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL 34225** 81000 ☐ Addition ☐ Change ☐ Delete TITLE STD TITLE NAME NAME BIELINSKI, JULIE STREET ADDRESS STREET ADDRESS 3650 UNION HILL ROAD CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL 34225** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME **BIELINSKI, JAMES RICHARD** James Dielinski NAME STREET ADDRESS STREET ADDRESS 3650 UNION HILL ROAD 203 E CITY-ST-ZIP CITY-ST-ZIP **BONIFAY FL 34225** ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-70P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my displacture shall have the same legal effect as if made under oath; that I am an officer or director his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filing indicated on this report or supplied tall report is true and and that my of the corporation or the rec changed, or on an attachmy

SIGNATURE:

Daytime Phone # Date