

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0611891 AV

DOCUMENT # P98000086421

1. Entity Name
DRAGON STAINLESS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 22 PM 2:32

Principal Place of Business
5555 COMMERICLA BLVD
WINTER HAVEN FL 33880

Mailing Address
226 SANTA ROSA DRIVE
WINTER HAVEN FL 33884



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3538066

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required ☒ 2

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYES, WILLIAM K
226 SANTA ROSA DRIVE
WINTER HAVEN FL 33884

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAYES, WILLIAM K	
STREET ADDRESS	226 SANTA ROSA DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RICHEY, DONNA M	
STREET ADDRESS	2843 PONKAN PINES DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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01/22/03--01082--015 **335.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K Mayes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 863-670-1099
Date Daytime Phone #

CR2E034 (10/02)