

2000 UNIFORM BUSINESS REPORT (UBR)

091400

DOCUMENT # P98000089800

1. Entity Name
INTERCOASTAL STEEL SERVICE, INC.

FILED

00 OCT -6 PM 4:21

Principal Place of Business
5245 CENTER STREET
JUPITER FL 33458

Mailing Address
5245 CENTER STREET
JUPITER FL 33458

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0875769

Applied For
Not Applicable

Zip Country

Zip Country

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

HAUBNER, ANTHONY J
5245 CENTER STREET
JUPITER FL 33458

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.

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | HAUBNER, MITZI L | |
| STREET ADDRESS | 5245 CENTER STREET | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | SDVT | <input type="checkbox"/> Delete |
| NAME | HAUBNER, ANTHONY J | |
| STREET ADDRESS | 5245 CENTER STREET | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| |
|---|
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| ANTHONY J. HAUBNER 7690 S.E. BAY CEDAR CIRCLE HOBE SOUND, FL 33455 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3000003457258 -11/08/00--01053--004 ****550.00 ****550.00 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9900

Date

561-219-5973

Daytime Phone #

CR2E034 (5/00)