2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000104083 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name SHRUM STEEL, INC. 04-03-2000 90167 037 ***150.00 Mailing Address Principal Place of Business 6711 26TH CT. EAST P.O. BOX 606 ONECO FL 34264-0606 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0880016 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHRUM, E. EARL Street Address (P.O. Box Number is Not Acceptable) 6711 26TH CT. EAST SARASOTA FL 34243 Zip Code City 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 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 TITI F ☐ Change ☐ Addition TITLE ☐ Delete SHRUM, E. EARL NAME NAME STREET ADDRESS 6711 26TH CT. EAST STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE SHRUM, PENELOPE L NAME NAME 6711 26TH CT. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE ARCIONI, LOUIS NAME NAME 6711 26TH CT. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE ANDERSON, BARBARA NAME NAME 6711 26TH CT. EAST STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ▼ Addition ☐ Delete TITLE NAME MITCHELL, THOMAS 117 ESTADO WAY NE NAME THOMAS E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG, FL 33704 ☐ Addition TITLE ☐ Change TITLE De!ete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addreall other like empowered.

941-756-8468

Daytime Phone #

3-29-2000