

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90135 043 ***150.00

DOCUMENT # P98000104083



1. Entity Name
SHRUM STEEL, INC.

Principal Place of Business
**6711 26TH CT. EAST
SARASOTA FL 34243**

Mailing Address
**P.O. BOX 606
ONECO FL 34264**



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 **65-0880016**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHRUM, E. EARL
6711 26TH CT. EAST
SARASOTA FL 34243**

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

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

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	SHRUM, E. EARL	
STREET ADDRESS	6711 26TH CT. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHRUM, PENELOPE L	
STREET ADDRESS	6711 26TH CT. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARCIONI, LOUIS	
STREET ADDRESS	6711 26TH CT. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDERSON, BARBARA	
STREET ADDRESS	6711 26TH CT. EAST	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	V	<input type="checkbox"/> Delete
NAME	MITCHELL, THOMAS E	
STREET ADDRESS	117 ESTADO WAY NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-2003

941-756-8468

Date

Daytime Phone #

CP2E034 (10/02)