

## 2000 UNIFORM BUSINESS REPORT (UBR)

1/1

DOCUMENT # P98000105958

1. Entity Name

SAVAGE METAL, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90097 049 \*\*\*150.00

Principal Place of Business

903 CATALINA DRIVE  
SANFORD FL 32771

Mailing Address

903 CATALINA DRIVE  
SANFORD FL 32771-3516

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548834

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Terry Savage

Street Address (P.O. Box Number is Not Acceptable)

903 Catalina Drive

City

Sanford

FL

Zip Code

32771

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-00

 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
 NAME PD  
 STREET ADDRESS SAVAGE, TERRY  
 CITY-ST-ZIP 903 CATALINA DRIVE  
 SANFORD FL 32771

 TITLE ☐ Delete  
 NAME VD  
 STREET ADDRESS SAVAGE, JAMIE  
 CITY-ST-ZIP 903 CATALINA DRIVE  
 SANFORD FL 32771

 TITLE ☐ Delete  
 NAME STD  
 STREET ADDRESS SAVAGE, VIVIAN  
 CITY-ST-ZIP 903 CATALINA DRIVE  
 SANFORD FL 32771

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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 STREET ADDRESS  
 CITY-ST-ZIP

 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Savage

Date

Daytime Phone #

1-20-00 407-324-4905

CR2E034 (9/99)