

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000745

1. Entity Name

STAINLESS STEEL & EXOTICS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90386 006 ***150.00

0013151

Principal Place of Business

Mailing Address

2821 WINTERLAKE ROAD
LAKELAND FL 33803

2821 WINTERLAKE ROAD
LAKELAND FL 33803

80056394

2. Principal Place of Business

3. Mailing Address

PO BOX 888

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON FL

4. FEI Number

59-3548569

Applied For

Not Applicable

Zip

Country

Zip

Country

33509-0888

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

TOMPKINS, H. CHRISTOPHER II
1706 SOUTH KINGS AVENUE
BRANDON FL 33511-6216

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 \$150.00

After MAY 1, 2001 - 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ADAMS, STEVEN
STREET ADDRESS 2821 WINTERLAKE ROAD
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

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

TITLE DV
NAME WILSON, TODD R
STREET ADDRESS 2821 WINTERLAKE ROAD
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 863-665-0797
Date Daytime Phone #

CR2E034 (10/00)