

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018362

1. Entity Name
Steel By Design Inc.

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90010 016 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

16140 Old U.S. 41

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

H. Myers, FL

Zip

33912

Country

Lee

City & State

Bonita Springs, FL

Zip

34133

Country

Lee

4. FEI Number

65-0905150

Applied For

Not Applicable

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

Name

JAMES W. AMBURN

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

28000 SPANISH WELLS BLVD

City

BONITA SPRINGS

FL

Zip Code

34135

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	①	<input type="checkbox"/> Delete
NAME	JAMES W. AMBURN	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY- ST- ZIP	BONITA SPRINGS, FL 34135	
TITLE	①	<input type="checkbox"/> Delete
NAME	JULIAN GOREN	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY- ST- ZIP	BONITA SPRINGS, FL 34135	
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		

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

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

Date

Daytime Phone #

4.24.00 941-484-0246

CR2E034 (9/99)