

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041585

1. Entity Name

MISC. STEEL SPECIALTIES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90082 001 ***150.00

Principal Place of Business

5447 DRINKARD DRIVE
NEW PORT RICHEY FL 34653

5447 DRINKARD DRIVE

Mailing Address

5447 DRINKARD DRIVE
NEW PORT RICHEY FL 34653-4622

5447 DRINKARD DRIVE

LUU4J4JU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3574838

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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 PD
NAME RYAN, DON L
STREET ADDRESS 5447 DRINKARD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME GILCHRIST, ROGER A
STREET ADDRESS 5447 DRINKARD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME RYAN, VIVIAN J
STREET ADDRESS 5447 DRINKARD DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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☐ 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

Roger A Gilchrist ROGER A GILCHRIST VP 3-22-00 727-841-5249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPD-024 (9/00)