2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED Mar 09, 2000 8:00 am DOCUMENT # **P99000050795 Secretary of State** STEEL SOLUTIONS SUPPLY, INC. 03-09-2000 90094 013 ***150.00 Mailing Address Principal Place of Business 1131 S.W. 8TH AVE. 1131 S.W. 8TH AVE. FT. LAUDERDALE FL 33315-1260 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 65-0924828 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETERSON, THEODORE 1131 S.W. 8TH AVE. FT. LAUDERDALE FL 33315 hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. tresident ☐ Delete TITLE TITLE theodore Eriktererson. NAME NAME 1131 S.W. 8th Ave. STREET ADDRESS STREET ADDRESS Fort Lauderdale, FC33315 CITY-ST-ZIP CITY-ST-ZIF Vice - President X Addition Change ☐ Delete TITLE Andrea L. Hervine NAME NAME STREET ADDRESS STREET ADDRESS 1131 SW 8th Ave. Fort-Lauderdale, FL33315 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplementar peport 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 displeyed 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 adoptess, with all other like empowered.