## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

## DOCUMENT # P99000065472

2. Principal Place of Business

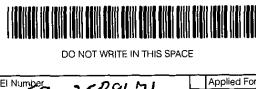
## LINDSEY STEEL AND SANDBLASTING, INC.

Mailing Address Principal Place of Business NE LANCASTER ST. 544 NE LANCASTER ST. TRENTON FL 32693-3601 FL 32693

Tax filing requirement and elects to do so.

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90111 040 \*\*\*150.00



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINDSEY, TIMOTHY E Street Address (P.O. Box Number is Not Acceptable) 544 NE LANCASTER ST. TRENTON FL 32693 Zip Code City 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) 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

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. CR2E034 (9/99) PSD TITLE Change Delete TITLE NAME LINDSEY, MARIE L NAME STREET ADDRESS STREET ADDRESS 544 NE LANCASTER ST. CITY-ST-ZIP CITY - ST - ZIP TRENTON FL 32693 ☐ Change ☐ Addition TITLE Delete LINDSEY, TIMOTHY E NAME NAME STREET ADDRESS STREET ADDRESS 544 NE LANCASTER ST. CITY-ST-7IP TRENTON FL 32693 ☐ Change ☐ Addition ☐ Delete TITLE GREGORY, MICHAEL NAME NAME STREET ADDRESS 544 NE LANCASTER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 ☐ Change ☐ Addition Delete TITLE NAME 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 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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