

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073364

1. Entity Name

DC STEEL SHOP, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90003 049 ***150.00

Principal Place of Business

Mailing Address

~~1150 E. PLANT ST., SUITE F~~
WINTER GARDEN FL 34787

~~1150 E. PLANT ST., SUITE F~~
WINTER GARDEN FL 34787-2322

2. Principal Place of Business

3. Mailing Address

1408 CLARA Morris Ave

1408 CLARA Morris Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT DORA, FL

City & State

MT DORA, FL

Zip

32757

Country

USA

Zip

32757

Country

WA

4. FEI Number

59-3592197

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

FLYNN, DONALD E

~~1150 E. PLANT ST., SUITE F~~
~~WINTER GARDEN FL 34787~~

Name

Donald E. Flynn

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

1408 CLARA Morris Ave.

City

MT DORA

FL

Zip Code

32757

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

Donald E. Flynn

Signature, typed or printed name of registered agent and fees if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/T/S
STREET ADDRESS	DONALD G. FLYNN
CITY-ST-ZIP	2729 MAYWOOD ST. EUSTIS, FL 32720
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 687, 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:

Donald E. Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

352-735-4822

Daytime Phone #