

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jul 06, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90069 042 \*\*\*158.75

DOCUMENT # P99000077112

1. Entity Name

SUZYS STEEL AND REINFORCING INC.

Principal Place of Business

Mailing Address

263 Palm Park Circle

#107 Longwood FL 32779

Principal Place of Business

3. Mailing Address

263 Palm Park Circle

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#107

City & State

City & State

Longwood FL

Zip

Country

Zip

Country

32779 Same

4. FEI Number

Applied For

59-3595479

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

S

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

SUSAN JONES

263 Palm Park Circle #107

Longwood FL 32779

City

FL

Zip Code

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change

☐ Addition

Susan Jones

TITLE

President

NAME

STREET ADDRESS

CITY-ST-ZIP

263 Palm Park Circle

#107 Longwood FL 32779

☐ Delete

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE

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:

Susan Jones SUSAN JONES

5/15/2000

407-865-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)