

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000085950
Entity Name
United Winner Metals, Inc.

00.AUG 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
3310 Port Sutton Rd. 3310 Port Sutton Rd.
Tampa, FL 33619 Tampa, FL 33619

Principal Place of Business **3. Mailing Address**
Same same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent
Craig E. Behrenfeld
601 Bayshore Blvd., Suite 700
Tampa, FL 33606

7. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable):
100003383791-4
-09/06/00--01084--016
City: ****1500 Zip: ****1500

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 _____ **DATE** _____
Signature: Typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-electing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PST-Ad P. Quirke Thomas P. Quirke 3310 Port Sutton Road Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D Morris Tsai 3310 Port Sutton Road Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VP Steve Ryan 3310 Port Sutton Road Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Steve Ryan**
Vice President
Date: 8/24/00
Daytime Phone: _____

CR2E034 (9/99)