

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90007 025 ***150.00

A0017076



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000095796

1. Entity Name

ALL AMERICAN STEEL AND TUBING, INC.

Principal Place of Business

Mailing Address

11829 RHODINE RD.
 FL 33569

11829 RHODINE RD.
 RIVERVIEW FL 33569-7725

2. Principal Place of Business

3. Mailing Address

11829 Rhodine Rd
 Suite, Apt. #, etc.

PO Box 1061
 Suite, Apt. #, etc.

City & State

RIVERVIEW FL

City & State

OLDSMAR FL

Zip

33569

Country

Zip

34677

Country

4. FEI Number

59-3607293

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

Name

Glen R. LANSKY

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

415

City

FL

Zip Code

LANSKY, GLEN R
 C/O GRIFFIN & ASSOCIATES, P.A.
 915 OAKFIELD DR., STE. F
 BRANDON FL 33511

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)

DATE

JEFFREY WEAVER Vice Pres

1-31-2000

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 ☐ Delete
 NAME D
 STREET ADDRESS GONZALEZ, GEORGE A
 CITY-ST-ZIP 10702 SUMMER RD.
 WIMAUMA FL 33598

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WEAVER, JEFFREY
 CITY-ST-ZIP 530 N. 66TH ST.
 PALM HARBOR FL 34684

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2000 727-771-6352

CR2E034 (9/99)