

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095796

1. Entity Name

ALL AMERICAN STEEL AND TUBING, INC.

Principal Place of Business

11829 RHODINE RD.
RIVERVIEW FL 33569

Mailing Address

P O BOX 1061
OLDSMAR FL 34677

2. Principal Place of Business

11829 Rhodine RD

3. Mailing Address

PO Box 1061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview FL

City & State

Oldsmar FL

Zip

33569

Country

USA

Zip

34677

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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

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

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

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

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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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

JEFFREY WEAVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01

Date

727-771-6352

Daytime Phone #

0424530

CR2E034 (10/00)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90097 016 ***150.00

C0022085



DO NOT WRITE IN THIS SPACE