

2000 UNIFORM BUSINESS REPORT (UBR)

8

DOCUMENT # P99000103732

1. Entity Name

POLYSTEEL OF NORTHWEST FLORIDA, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-02-2000 90124 038 ***550.00

Principal Place of Business

2645 W HYW 98
 MARY ESTHER FL 32569

Mailing Address

2645 W HYW 98
 MARY ESTHER FL 32569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-9612775

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HERING, JAMES H
 2645 W HYW 98
 MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

B Ann Hering

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

2645 Hwy 98 W

Mary Esther

City

FL

Zip Code

32569

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

B Ann Hering

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

(NOTE: Registered Agent signature required when reinstating)

9/1/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	President / Vice Pres	<input type="checkbox"/> Delete
NAME	Stacy A Hering	
STREET ADDRESS	2645 Hwy 98 W	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	Secretary / Treasurer	<input type="checkbox"/> Delete
NAME	B Ann Hering	
STREET ADDRESS	2645 Hwy 98 W	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	Director	<input type="checkbox"/> Delete
NAME	James H. Hering	
STREET ADDRESS	2645 Hwy 98 W	
CITY-ST-ZIP	Mary Esther, FL 32569	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 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:

B Ann Hering
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00
 Date

850 581-5810
 Daytime Phone #

CR2E034 (5/00)