2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Feb 05, 2001 8:00 am **DOCUMENT # V62122 Secretary of State** 1. Entity Name STEEL TERMINALS, INC. 02-05-2001 90132 049 ***150.00 Principal Place of Business Mailing Address 8419 SABAL INDUSTRIAL BLVD 8419 SABAL INDUSTRIAL BLVD **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3141512 Not Applicable Country _Country_ \$8.75 Additional 5. Certificate of Status Desired _____ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, ROBERT E Street Address (P.O. Box Number is Not Acceptable) **4016 HENDERSON BLVD TAMPA FL 32629** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change Addition LARRY L. FRISCH NAME NAME STREET ADDRESS STREET ADDRESS 9331 HUNTINGTON PKWY. CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33647** Delete TITLE TITLE ☐ Change Addition FRISCH, BEVERLY A NAME NAME STREET ADDRESS STREET ADDRESS 9331 HUNTINGTON PKWY. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33647 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.