

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64659

1. Entity Name

INTERNATIONAL STAINLESS, INC.

FILED

1:00 DEC 14 PM 5:10

Principal Place of Business

300 W. AMERICA ST
ORLANDO FL 32801

Mailing Address

300 W. AMERICA ST
ORLANDO FL 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

503 W. Central Blvd.
Suite, Apt. #, etc.

3. Mailing Address

503 W. Central Blvd.
Suite, Apt. #, etc.

REINSTATEMENT

2000

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3145825

Applied For

Not Applicable

Zip

32801

Country

US

Zip

32801

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULVANEY, KENNETH A
300 W. AMERICA STREET
ORLANDO FL 32801

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

12 Dec 00

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 PD
NAME MULVANEY, KENNETH A
STREET ADDRESS 300 WEST AMERICA STREET
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE D
NAME MULVANEY, BRIAN M
STREET ADDRESS 300 WEST AMERICA STREET
CITY-ST-ZIP ORLANDO FL ☐ 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
8000035754 78-9
-01/25/01--01103--021
*****750.00 *****750.00

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

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 no other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Dec 00

Date

407-841-3336

Daytime Phone #

CR2E034 (5/00)