#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005495

Entity Name: METAL SERVICE CENTER INSTITUTE-FLORIDA, INC.

FILED
Mar 03, 2023
Secretary of State
6521437624CC

### **Current Principal Place of Business:**

C/O JULIE PIERCE 4221 W. BOY SCOUT BLVD. SUITE 600 TAMPA, FL 33607

### **Current Mailing Address:**

C/O JULIE PIERCE 4221 W. BOY SCOUT BLVD. SUITE 600 TAMPA, FL 33607 US

FEI Number: 16-1637687 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name ANDERSON, RUBY Name REMSEN, MARK

Address C/O JULIE PIERCE Address C/O JULIE PIERCE

4221 W. BOY SCOUT BLVD. SUITE 600 4221 W. BOY SCOUT BLVD. SUITE 600

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title DIRECTOR Title DIRECTOR

Name SMITH, MIKE Name HICKMANN, ROB

Address C/O JULIE PIERCE Address C/O JULIE PIERCE

4221 W. BOY SCOUT BLVD. SUITE 600 4221 W. BOY SCOUT BLVD. SUITE 600

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

 Title
 DIRECTOR
 Title
 PRESIDENT / CEO

 Name
 ROBERTS, DAN
 Name
 PIERCE, JULIE

Address C/O JULIE PIERCE Address C/O GERDAU
4221 W. BOY SCOUT BLVD. SUITE 600 4221 BOY SCOUT BLVD. STE 600

City-State-Zip: TAMPA FL 33607

City-State-Zip: TAMPA FL 33607

Title DIRECTOR Title SECRETARY

Name RICHARDSON, CORDREANNE Address C/O JULIE PIERCE

Address 6901 EAST 6TH AVENUE 4221 W. BOY SCOUT BLVD. SUITE 600

City-State-Zip: TAMPA FL 33619

City-State-Zip: TAMPA FL 33607

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE PIERCE PRESIDENT / CEO 03/03/2023

# Officer/Director Detail Continued:

 Title
 PRESIDENT
 Title
 TREASURER / CFO

 Name
 CLOWER, DAN
 Name
 CARBALLO, MICHAEL

Address C/O JULIE PIERCE Address C/O JULIE PIERCE

4221 W. BOY SCOUT BLVD. SUITE 600 4221 W. BOY SCOUT BLVD. SUITE 600

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