2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNIFORM BUSI	NESS REPO	PRT	(UBF	3)		FILEI		n am	WCZ:IO
DOCU		0046956	*			Aug 13, Secret	, 2001 :arv 0	f Sta	ate	2
	ERED METALS AND COMPO	SITES, INC.			,		1 90144 03			=
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Principal Place of Business 339 6TH AVE W BRADENTON FL 34205		Mailing Address P.O. BOX 10367 BRADENTON FL 34282 US				 Pariti Baril Abili) bil				
2. Principal I	Place of Business Matoaka Rd.	3. Mailing Address		<u> </u>) 6 1 1)14 (114)	11)(,))(()	
Suite, Apt		Suite, Apt. #, etc.				DO NOT W	RITE IN THIS S	PACE		
	asota	City & State			4	4. FEI Number 65-066726	0	-	pplied For ot Applicable]
Zip 34	243 Country	Zip	Соиг	ntry	ŧ	5. Certificate of Status Desired		8.75 Add		
	6. Name and Address of Current F				7	. Name and Address of New	Registered A			
	SOCIATES P	one = ,nee * *v	•	Name -	Idress (P.C	D. Box Number is Not Acceptal		<u> </u>	- <u></u>	
	EAPPLE AVE FA FL 34236			Subst 7 to		. Dox (validos) is not necespial				
				City			FL	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing its	register	ed office or	reaistered	agent, or both, in the State of I				ĺ
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT)	E: Registere	d Agent signatur	e required who	en 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!!! I After September 12, 20 Make Check Payable 1			2, 2001	Fee will be	\$750.00	10. Election Campaign F Trust Fund Contribut			May Be	
11.	OFFICERS AND D	IRECTORS	12.			ADDITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORBES, SHERRY 3930 75TH ST. W. # BRADENTON FL 34209	☐ Delete						□ Change	☐ Addition	E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORBES, EDWARD E 3930 75TH ST W BRADENTON FL 34209	☐ Delete					I	Change	☐ Addition	CR2E034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i		770	ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	:		A	[☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				V	[_ Change	☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with to on this report or supplemental report is in poration or the receiver or tristee emock or on an attachment with an address, with	nis filing does not qualify for ue and accurate and that mered to execute this report. If all other like empowered.	the exer ny signat as requir	nption state ure shall haved by Chap	d in Sectio ve the sam ter 607, Flo	in 119.07(3)(i), Florida Statutes te legal effect as if made under orida Statutes; and that my nar	. I further certify oath; that I arr ne appears in I	that the in an officer Block 11 or	formation or director Block 12 if	•

8-6-01

941 - 351-0974 Daylime Phone #