~4/17/01-90063-046-$150.00-$150.00
* 9/17/01-90005-032-$550.00-$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041554

1. Entity Name
CARIBBEAN FABRICATORS & ERECTORS, INC.

FILED
01 OCT 15 PM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
624 BAYLAKE TRAIL OLDSMAR FL 34677	624 BAYLAKE TRAIL OLDSMAR FL 34677

2. Principal Place of Business		3. Mailing Address	
624 Baylake Trail		624 Baylake Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: OLDSmar, FlA.		City & State: OLDSmar, FlA.	
Zip: 34677	Country: USA	Zip: 34677	Country: USA

4. FEI Number: 59-3722116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMALL, JOHN E SR 624 BAYLAKE TRAIL OLDSMAR FL 34677	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

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 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, JOHN E SR 624 BAYLAKE TRAIL OLDSMAR FL 34677	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	78	☐ 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 all other like empowered.

SIGNATURE: John E Small SIGNATURE REQUIRED 9/7/2001 813-833-5352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)