

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90031 027 ***150.00

DOCUMENT # 116305

1. Entity Name
TAMPA ARMATURE WORKS, INC.

Principal Place of Business Mailing Address
440 S. 78TH ST. **440 S. 78TH ST.**
P.O. BOX 3381 **P.O. BOX 3381**
TAMPA FL 33601 **TAMPA FL 33601**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0474710** 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

SHUPE, CHARLES B.
440 S. 78TH STREET
TAMPA FL 33619

Name
James A. Turner, III
 Street Address (P.O. Box Number is Not Acceptable)
440 S. 78th Street
 City
Tampa **FL** Zip Code
33619

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 *James A. Turner III*
 Signature, typed or printed name of registered agent and title if applicable.

James A. Turner III

03-05-2001

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BRANNAM, EDWARD J**
 CITY-ST-ZIP **2747 DUPONT AVE. JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **TURNER, NANCY J**
 CITY-ST-ZIP **205 BLANCA AVE TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SHUPE, CHARLES B**
 CITY-ST-ZIP **6801 CRESTHILL COURT TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **CFO**
 STREET ADDRESS **Shupe, Charles B.**
 CITY-ST-ZIP **6801 Cresthill Court Tampa, FL 33615**

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TURNER, JAMES A III**
 CITY-ST-ZIP **220 BLANCA TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **Michael M. MacInnes**
 CITY-ST-ZIP **11705 Phoenix Circle Tampa, FL 33618**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles B. Shupe

CFO

03-05-2001

(813) 621-5661

Date

Daytime Phone #

CR2E034 (10/00)