

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 646837

1. Entity Name

METALCOAT PIPE FABRICATORS, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90001 037 \*\*\*150.00

Principal Place of Business

Mailing Address

PLANT CITY INDUSTRIAL PARK  
P.O. DRAWER "BB"  
PLANT CITY FL 33564

PLANT CITY INDUSTRIAL PARK  
P.O. DRAWER "BB"  
PLANT CITY FL 33564-9020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1979920

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCDOWELL, WAYNE  
1601 E. TRAPNELL ROAD  
PLANT CITY FL 33566

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 \$150.00**  
**After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HALL, CLEO	6610 KITTY FOX LANE	LAKELAND FL	<input type="checkbox"/>
D	THOMAS, DONALD	209 LAKE MIRIAM CIRCLE	LAKELAND FL	<input type="checkbox"/>
D	PURVIS, DANIEL W.	3015 NICHOLS RD.	LITHIA FL	<input type="checkbox"/>
D	PURVIS, JOHN	3001 NICHOLS RD.	LITHIA FL	<input type="checkbox"/>
VPD	MCDOWELL, WAYNE	1601 E. TRAPNELL RD.	PLANT CITY FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2/18/00

Date

813-752-5107

Daytime Phone #

CR2E034 (9/99)