

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90079 025 ***158.75

DOCUMENT # H40880

1. Entity Name

S.B.S. PRECISION SHEET METAL, INC.

Principal Place of Business

% MERRIL SHREWSBURY
 4324 FORTUNE PLACE
 MELBOURNE FL 32904

Mailing Address

% MERRIL SHREWSBURY
 4324 FORTUNE PLACE
 MELBOURNE FL 32904

2. Principal Place of Business

c/o GARY D. SHREWSBURY
 Suite, Apt. #, etc.
 4324 FORTUNE PLACE

3. Mailing Address

c/o GARY D. SHREWSBURY
 Suite, Apt. #, etc.
 4324 FORTUNE PLACE

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32904

Country

Zip

32904

Country

4. FEI Number

59-2499872

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHREWSBURY, EFFIE L.
 4324 FORTUNE PLACE
 MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

GARY SHREWSBURY

Street Address (P.O. Box Number is Not Acceptable)

4324 FORTUNE PLACE

City

MELBOURNE

FL

Zip Code

32904

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

Gary Shrewsbury

President Gary Shrewsbury 2-13-01

(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, 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	SHREWSBURY, GARY D.	
STREET ADDRESS	2217 BIGNONIL	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHREWSBURY, EFFIE L.	
STREET ADDRESS	600 AUBURN AVE.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHREWSBURY, GARY D	
STREET ADDRESS	2217 BIGNONIA ST	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gary Shrewsbury
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01

321-451-7411

Date

Daytime Phone #

0077562

CR2E034 (10/00)