

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61290

1. Entity Name

CENTRAL FLA. FABRICATORS, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90025 048 ***150.00

Principal Place of Business

409 W. 14TH STREET
SANFORD FL 32771

Mailing Address

POB 2662
SANFORD FL 32772-2662

00025553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2547005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHIGHAM, FRANK C.
200 W. FIRST STREET
SUITE 22, SUN BANK BLDG.
SANFORD FL 32771

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	WHITLEY, ELIZABETH L.	
STREET ADDRESS	2299 GRANDVIEW	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITLEY, MICHAEL A	
STREET ADDRESS	2301 GRANDVIEW	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOSACK, DEBORAH D.	
STREET ADDRESS	379 CARPENTER AVE	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KELLEY, PAMELA T.	
STREET ADDRESS	266 LONGWOOD DRIVE	
CITY-ST-ZIP	OSTEEN FL 32764	
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	<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	
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:

Elizabeth L. Whitley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-000

Date

4073226725

Daytime Phone #