

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90008 030 ***150.00

DOCUMENT # J10616

1. Entity Name
STAINLESS FABRICATORS, INC.

Principal Place of Business

1834 GUNN HIGHWAY
BLDG C
ODESSA FL 33556

Mailing Address

1834 GUNN HIGHWAY
BLDG C
ODESSA FL 33556

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

59-2661019

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

O'CONNOR, PATRICK M
2240 BELLEAIR ROAD SUITE 160
CLEARWATER FL 33763

Name

Steven W. Moore

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

8200 Bryan Dairy Rd Ste 300

City

Largo

FL

Zip Code

33777

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 last if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/02

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, 2002 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 **PSD** ☐ Delete
NAME **BINNEY, KEITH B.**
STREET ADDRESS **1834 GUNN HIGHWAY, BLDG C.**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **VPOO** ☐ Delete
NAME **BINNEY, SCOTT**
STREET ADDRESS **10515 OAK HILL ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34688**

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

TITLE **VP P** ☐ Delete
NAME **BINNEY, BRIAN**
STREET ADDRESS **3752 MURROW ST.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34688**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8915 Farmington Lane**
CITY-ST-ZIP **port Richey, FL. 34668**

TITLE **VP** ☐ Delete
NAME **BINNEY, DIANNA**
STREET ADDRESS **1834 GUNN HIGHWAY, BLDG C.**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/02

CR2E034 (9/01)