2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State J26204 DOCUMENT # 1. Entity Name POWELL'S CUSTOM METAL FABRICATIONS, INC. 03-11-2002 90086 010 ***150.00 Principal Place of Business Mailing Address 2800 ALMEDA ST 2900 CANAL STREET JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2690832 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POWELL, SALLY D Street Address (P.O. Box Number is Not Acceptable) 2800 ALMEDA ST JACKSONVILLE FL 32209 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition DST TITI E Change TITLE ☐ Delete Director POWELL, EDWARD R SR NAME NAME STREET ADORESS STREET ADDRESS 2745 PACES FERRY RD 159 Mallard Court CITY-ST-ZIP CITY-ST-ZIP E. ORANGE PARK FL 32073 Banner Elk, NC 28604 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DP NAME NAME POWELL, SALLY D. STREET ADDRESS STREET ADDRESS 2745 PACES FERRY RD CITY-ST-ZIP CITY-ST-ZIP E. ORANGE PARK FL 32073 XAddition ☐ Change Vice-President TITLE - -Delete TITLE NAME Kevin T. Powell NAME STREET ADDRESS STREET ADDRESS 2748 Forest Oaks Drive CITY-ST-ZIP CITY-ST-ZIP Orange Park, FL 32073 Secretary/Treasurer Change XXAddition ☐ Delete TITLE TITLE NAME Billie Jo Brown NAME STREET ADDRESS STREET ADDRESS 1547 Graduation Lane CITY-ST-ZIP CITY-ST-ZIP Middleburg, FL 32068 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Daytime Phone #

February 25, 2002

Date

904 353 1735

FILED