## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # J47417** J & J METAL FABRICATORS, INC. 05-05-2000 90040 014 \*\*\*150.00 Mailing Address Principal Place of Business 4123 8TH AVENUE SOUTH 4123 8TH AVENUE S ST. PETERSBURG FL 33711-2005 ST. PETERSBURG FL 33711 **U I U I U I** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0013378 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name WORSHAM, JERRY G. Street Address (P.O. Box Number is Not Acceptable) 4123 8TH AVENUE S ST PETERSBURG FL 33711 Zip Code City 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 DATE 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 Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME WORSHAM, JERRY G. NAME STREET ADDRESS 16314 SECOND STREET EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REDINGTON BEACH FL Change ☐ Addition Delete TITLE TITLE WORSHAM, CHRIS G NAME NAME 8430 121 St Place N. 7211 61ST AVE. N STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ST PETERSBURG FL 33711 ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as supplemental report is true and accerate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the jeceiver or trustegrempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if attachment with an ad

Date

Daytime Phone #

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR