

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J66990

1. Entity Name

T & B METAL WORKS, INC.

Principal Place of Business

4754 RAYFORD ST.  
JACKSONVILLE FL 32205

Mailing Address

4754 RAYFORD ST.  
JACKSONVILLE FL 32254-3740

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 59-2786162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LATSHAW, JOHN H JR, ESQ  
PATTERSON, BOND & LATSHAW, P.A.  
3010 SOUTH THIRD ST., SUITE A  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name G.C. Phillips % TABMETAL  
Street Address (P.O. Box Number is Not Acceptable)  
4754 Rayford St.  
City Jacksonville FL Zip Code 32254

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          | D                      | Delete |
| NAME           | TYSON, ERWIN B.        |        |
| STREET ADDRESS | 122 SMITHS WAY         |        |
| CITY-ST-ZIP    | E PALATKA FL 32131     |        |
| TITLE          | T                      | Delete |
| NAME           | TYSON, MARSHA J.       |        |
| STREET ADDRESS | 5549 STEAMBOAT RD.     |        |
| CITY-ST-ZIP    | ST. AUGUSTINE FL 32092 |        |
| TITLE          | D                      | Delete |
| NAME           | TYSON, ROBERT H., SR.  |        |
| STREET ADDRESS | 5549 STEAMBOAT RD.     |        |
| CITY-ST-ZIP    | ST. AUGUSTINE FL 32092 |        |
| TITLE          | CD                     | Delete |
| NAME           | PHILLIPS, GARRY C      |        |
| STREET ADDRESS | BOX 482, COLPITTS ROAD |        |
| CITY-ST-ZIP    | WESTON MA 02193        |        |
| TITLE          | SD                     | Delete |
| NAME           | REILLY, JOHN           |        |
| STREET ADDRESS | BOX 823                |        |
| CITY-ST-ZIP    | MENDENHALL PA 19357    |        |
| TITLE          |                        | Delete |
| NAME           |                        |        |
| STREET ADDRESS |                        |        |
| CITY-ST-ZIP    |                        |        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |        |          |
|----------------|---------------------------|--------|----------|
| TITLE          |                           | Change | Addition |
| NAME           |                           |        |          |
| STREET ADDRESS |                           |        |          |
| CITY-ST-ZIP    |                           |        |          |
| TITLE          |                           | Change | Addition |
| NAME           |                           |        |          |
| STREET ADDRESS |                           |        |          |
| CITY-ST-ZIP    |                           |        |          |
| TITLE          | CD                        | Change | Addition |
| NAME           | PHILLIPS, GARY            |        |          |
| STREET ADDRESS | 526 BOSTON POST RD / #100 |        |          |
| CITY-ST-ZIP    | WAYLAND, MA 01778         |        |          |
| TITLE          |                           | Change | Addition |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

9043582388

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90096 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR25024 (9/00)