

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90098 047 ***550.00

DOCUMENT # K76454

1. Entity Name
SHAWN'S WELDING & FABRICATION, INC.

Principal Place of Business

**5401 S BRYANT AVE
 SANFORD FL 32773
 US**

Mailing Address

**5401 S BRYANT AVE
 SANFORD FL 32773
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2940121

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DRISCOLL, SHAWN W.
 5401 S BRYANT AVE
 SANFORD FL 32773**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, SHAWN W.	
STREET ADDRESS	4995 THOMAS STABLE ROAD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	PST	<input type="checkbox"/> Delete
NAME	DRISCOLL, SHAWN W.	
STREET ADDRESS	4995 THOMAS STABLE ROAD	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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

9-10-02

Date

(407) 330-3020

Daytime Phone #