2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K78401 1. Entity Name C. M. & G. FABRICATORS, INC.

Country

MCDANIEL, JERRY L.

1922 HIBISCUS DR EDGEWATER FL 32032

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zip

SIGNATURE

SIGNATURE:

Principal Place of Business

1922 HIBISCUS DR.
1922 HIBISCUS DR.
EDGEWATER FL 32141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

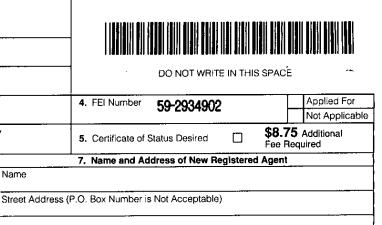
Mailing Address

Suite, Apt. #, etc.

City & State

FILED Feb 13, 2001 8:00 am Secretary of State

02-13-2001 90577 024 ***150.00



Zip Code

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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MCDANIEL, JERRY L. STREET ADDRESS STREET ADDRESS 1185 VOLCO RD CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL ☐ Change Addition ☐ Delete TITLE TITLE MCDANIEL, SANDRA S. NAME NAME STREET ADDRESS STREET ADDRESS 1185 VOLCO RD CITY-ST-ZIP CITY-ST-ZIP EDGEWATER FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

Country

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.