

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L24597

1. Entity Name

UNIVERSAL FABRICATORS, INC.

Principal Place of Business

8040 N. PALAFOX ST.
PENSACOLA FL 32534
US

Mailing Address

P.O. BOX 8157
PENSACOLA FL 32505
US

2. Principal Place of Business

2898 Old Chemstrand

3. Mailing Address

PO Box 969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment FL

City & State

Gonzalez FL

Zip
32533

Country
US

Zip
32560

Country
US

4. FEI Number

59-2966636

Applied For

Not Applicable

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

BRANTLEY, P LEE
7580 SAN RAMON DR
MILTON FL 32583

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.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRANTLEY, PERCY L.	
STREET ADDRESS	7580 SAN RAMON DR	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRANTLEY, PAULA	
STREET ADDRESS	7580 SAN RAMON DR	
CITY-ST-ZIP	MILTON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUSTIN, BEVERLY G.	
STREET ADDRESS	92 HWY 90 W	
CITY-ST-ZIP	MILTON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRANTLEY, PAULA	
STREET ADDRESS	7580 SAN RAMON DR	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Paula Brantley 4-20-00 850/968-5252

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)