

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # L24597**1. Entity Name
UNIVERSAL FABRICATORS, INC.Principal Place of Business
2898 OLD CHEMSTRAND
CANTONMENT FL 32533 US
Mailing Address
PO BOX 969
GONZALEZ FL 32560 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-2966636
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BRANTLEY P LEE**
7580 SAN RAMON DR
MILTON FL 32583 US**7. Name and Address of New Registered Agent**Name
BRANTLEY PAULA A
Street Address (P.O. Box Number is Not Acceptable)
7580 SAN RAMON DR
City
MILTON FL Zip Code
32583

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 **PAULA A. BRANTLEY****04/19/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY PAULA		
STREET ADDRESS	7580 SAN RAMON DR		
CITY-ST-ZIP	MILTON FL 32583		
TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AUSTIN BEVERLY G		
STREET ADDRESS	92 HWY 90 W		
CITY-ST-ZIP	MILTON FL 32570		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY LEE P		
STREET ADDRESS	7580 SAN RAMON DR		
CITY-ST-ZIP	MILTON FL 32583		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRANTLEY PAULA A		
STREET ADDRESS	7580 SAN RAMON DR		
CITY-ST-ZIP	MILTON FL 32583		
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			
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: PAULA BRANTLEY

PD

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)