2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am g Secretary of State DOCUMENT # L72036 1. Entity Name 03-22-2002 90066 010 ***150.00 OAK TREE FABRICATION, INC. Principal Place of Business Mailing Address 7070 HIGHWAY 37 SOUTH 7070 HIGHWAY 37 SOUTH MULBERRY FL 33860 MULBERRY FL 33860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3005538 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLT, J.M. Street Address (P.O. Box Number is Not Acceptable) 7070 HIGHWAY 37 SOUTH **MULBERRY FL 33860** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLT, JERRY MICHAEL NAME STREET ADDRESS 7070 HWY 37 S. STREET ADDRESS CITY-ST-ZIP **MULBERRY FL** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME HOLT, BARBARA ANN NAME STREET ADDRESS 7070 HIGHWAY 37 SOUTH STREET ADDRESS CITY-ST-ZIP MULBERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CR2E034 (9/01)

FILED