

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-28-2002 91751 023 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO6000015011 ✓
1. Entity Name
Metal Design & Fabrication Inc.

DO NOT WRITE IN THIS SPACE

95389

2. Principal Place of Business
8007 Hwy 90 E
Suite, Apt. #, etc.

3. Mailing Address
8007 Hwy 90 E.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Milton, FL
Zip
32583 Country
USA

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Milton, FL
Zip
32583 Country
USA

4. FEI Number
593625693
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Edward W. Bohlman
Street Address (P.O. Box Number Is Not Acceptable)
8007 Highway 90
City Milton FL Zip Code 32570

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 reissuing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Edward W. Bohlman</u> <u>5825 Hermitage Circle</u> <u>Milton FL 32570</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President</u> <u>Herald H. Bohlman</u> <u>4999 Blue Ribbon Dr.</u> <u>Milton FL 32583</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary</u> <u>Edward W. Bohlman</u> <u>5825 Hermitage Cir</u> <u>Milton FL 32570</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer</u> <u>Herald H. Bohlman</u> <u>4999 Blue Ribbon Dr.</u> <u>Milton FL 32583</u>
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IN THIS SPACE**

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

SIGNATURE: Edward W. Bohlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 850-985-3007
Date Daytime Phone #

CR2E034B (12/01)