

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90234 018 ***150.00

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DOCUMENT # P00000042796

1. Entity Name

F. M. METAL REPAIRS & ERECTORS, INC.



Principal Place of Business
10702 BLOOMINGDALE AVE.
RIVERVIEW FL 33569

Mailing Address
P.O. BOX 908
RIVERVIEW FL 33568

2. Principal Place of Business

3. Mailing Address

PO BOX 6667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BRANDON FL

Zip

Country

Zip
33608-6011

Country

USA

4. FEI Number 59-3649092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNOS, FRANK M
10702 BLOOMINGDALE AVE.
RIVERVIEW FL 33569

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANK MUNOS, PRESIDENT

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MUNOS, FRANK M
STREET ADDRESS 10702 BLOOMINGDALE AVE.
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE SECRETARY
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK MUNOS

PRESIDENT

Date

Daytime Phone #

813-643-0578

CP2E034 (10/02)