FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90308 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000056568

1. Entity Name
Fabricating Services, Inc.

420498

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
6339 Muck Pond Road Suite, Apt. #, etc.	Same Suite, Apt. #, etc.	
City & State: Seffner, FL	City & State:	4. FEI Number: 59-3661959 ☐ Applied For ☐ Not Applicable
Zip: 33584 Country: USA	Zip: Country: USA	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: W. C. Keith

Street Address (P.O. Box Number is Not Acceptable): 1733 Stay Sail Drive

City: Valrico FL Zip Code: 33594

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

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	President	TITLE	
NAME	Mike Anderson	NAME	
STREET ADDRESS	6339 Muck Pond Road	STREET ADDRESS	
CITY-ST-ZIP	Seffner FL 33584	CITY-ST-ZIP	
TITLE	V. Pres	TITLE	
NAME	John Salinas	NAME	
STREET ADDRESS	1831 Stay Sail Drive	STREET ADDRESS	
CITY-ST-ZIP	Valrico FL 33594	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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: Mike Anderson (Mike Anderson) 3/12/02 (813) 655-1885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #