

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

08-21-2003 90106 011 ***550.00

05/2037 AV

DOCUMENT # P00000060721

1. Entity Name
JRS CUSTOM FABRICATION, INC.



Principal Place of Business
**1765 NORTHWEST 60TH AVENUE
OCALA FL 34482**

Mailing Address
**107 NE 1ST AVE
OCALA FL 34470**

2. Principal Place of Business
802 NW 27th Ave

3. Mailing Address
Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State

4. FEI Number
59-3658464

Applied For
Not Applicable

Zip
34475

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINTON, GREGORY L
10861 SW 67TH TERRACE
OCALA FL 34476**

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

8/18/03

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARGROVE, DUDLEY A
5390 NW 75TH AVE
OCALA FL 34482** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
John R. Saunders
14 Needles Drive
Ocala, FL 34482** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINTON, GREGORY L
10861 SW 67TH TERRACE
OCALA FL 34476** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Curt Missall
5835 N.E. 65th Street
Silver Springs, Florida 34480** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linton

8/18/03

Date

352-351-2100

Daytime Phone #

CR2E034 (10/02)