2001 UNIFORM BUSINESS REPORT (UBR)

Jun 29, 2001 8:00 am Secretary of State **DOCUMENT # P0000093100** 1. Entity Name 06-29-2001 90002 028 ***150.00 JNM FABRICATION, INC. Principal Place of Business Mailing Address 623 S E 18TH STREET 623 S E 18TH STREET OCALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FE! Numbe 3674610 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCUM, JAMES N Street Address (P.O. Box Number is Not Acceptable) 623 S E 18TH STREET , t **OCALA FL 34471** Zip Code City 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 (NOT Registered Agent a cineture required when reinstalling) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2()1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE MARCUM, JAMES N. 623 SE 18th Street NAME NAME Marcum, James N STREET ADDRESS 623 S E 18TH STREET STREET ADDRESS FL 34471 CITY-SI-ZIP CITY-ST-ZIF OCALA FL 34471 10 todition Change TITLE Delete TITLE Donald W. Barnes 1428 se 9th Aue. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OC ALA Changé Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS

changed, or on an attachment with an address, with other like empowered

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify to 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 empowerful to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TYPED OR PR

CITY-ST-ZIP

FILED



Attachment AU016213

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

June-7. 2001=

JNM FABRICATION, INC. 623 S E 18TH STREET OCALA, FL 34471

Subject: JNM FABRICATION, INC.

Reference/ Number:

-P00000093100 -/

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ .

ANNUAL REPORTS SECTION