

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000104266**1. Entity Name
CMS FABRICATIONS INC.

Principal Place of Business 1501 DECKER AVENUE SUITE 109 STUART FL 34994	Mailing Address 1501 DECKER AVENUE SUITE 109 STUART FL 34994
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2. Principal Place of Business 1501 DECKER AVENUE	3. Mailing Address 1501 DECKER AVENUE
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Suite, Apt. #, etc. SUITE#412	Suite, Apt. #, etc. SUITE#412
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City & State STUART FL	City & State STUART FL
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Zip 34994	Country	Zip 34994	Country
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4. FEI Number 65-1052878	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSHULENBERGER CHARLES M
1501 DECKER AVENUE SUITE 109

STUART FL 34994**7. Name and Address of New Registered Agent**Name
SHULENBERGER CHARLES M
Street Address (P.O. Box Number is Not Acceptable)
1501 DECKER AVENUE
SUITE#412
City
STUART FL Zip Code
34994

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 _____ **09/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHULENBERGER CHARLES M 1501 DECKER AVENUE SUITE 109 STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles M. Shulenberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D 09/12/2001

Date

Daytime Phone #

CR2E034 (11/00)