

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000016479

1. Entity Name

Qumar Fabrications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4646 N.E. 97th St Rd

Suite, Apt. #, etc.

—

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Anthony, Florida

City & State

SAME

Zip

32617

Country

Marion

Zip

SAME

Country

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4. FEI Number

59-3700016

Applied For

Not Applicable

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

Bertrum D. Marshall

Street Address (P.O. Box Number is Not Acceptable)

4646 N.E. 97th St. Rd

City

Anthony,

Zip Code

FL

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

Bertrum D. Marshall Sr.

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

(NOTE: Registered Agent signature required when reinstating)

10/15/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
Bertrum D. Marshall Sr.
4646 N.E. 97th St. Rd.
Anthony, FL 32617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Bertrum D. Marshall Jr.
4646 N.E. 97th St. Rd
Anthony, FL 32617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
Joanne H. Marshall
4650 N.E. 97th St. Rd.
Anthony, FL 32617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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.

Bertrum Marshall Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/02 (352)629-6882

Date

Daytime Phone #

CR2E034B (12/01)

js 10/23/02