

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 21 AM 10:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PO1000016479

1. Entity Name
QUMAR FABRICATIONS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4646 N.E. 97th St Rd

3. Mailing Address
SAME

Suite, Apt. #, etc.
—

Suite, Apt. #, etc.
SAME

City & State
Anthony, Florida

City & State
SAME

4. FEI Number
59-3700016

Applied For
 Not Applicable

Zip
32617

Country
MARION

Zip
SAME

Country
—

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

DO NOT WRITE IN THIS SPACE

**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.

10/15/02

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)

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
Vice President	Bertrum D. Marshall Jr.	4646 N.E. 97th St. Rd	Anthony, FL 32617
Treasurer	Joanne H. Marshall	4650 N.E. 97th St. Rd.	Anthony, FL 32617

TITLE	NAME	STREET ADDRESS	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 #

js 10/23/02

CR2E084B (12/01)