FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91804 023 ***150.00

80111928

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113031

1. Entity Name
WBA FABRICATION INC.

Principal Place of Business	Mailing Address
2000 44TH TERRACE SW NAPLES, FL 34116	2000 44TH TERRACE SW NAPLES, FL 34116

2. Principal Place of Business	3. Mailing Address
25351 Bernwood Dr.	25351 Bernwood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34135 Country: Lee	Zip: 34135 Country: Lee

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0563790 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALGER, WILLIAM B
2000 44TH TERRACE SW
NAPLES, FL 34416

7. Name and Address of New Registered Agent

Name: William B. Alger
Street Address (P.O. Box Number is Not Acceptable): 25351 Bernwood Dr.
City: Bonita Springs FL Zip Code: 34135

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] 5/1/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PS ALGER, WILLIAM B 2000 44TH TERRACE SW NAPLES, FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALGER, DANA L 2000 44TH TERRACE SW NAPLES, FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] William B. Alger 5/1/2003 (239)290-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #