2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State
09-03-2003 90021 002 ***550.00

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DOCUMENT # P02000007499

1. Entity Name
UNIVERSAL FABRICATION SERVICES, INC.

Principal Place of Business	Mailing Address
1831 STAYSAIL DR. VALRICO FL 33594	1831 STAYSAIL DR. VALRICO FL 33594

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1829 Staysail Dr	P.O. Box 286
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico FL	City & State: Valrico FL
Zip: 33594 Country: Hillsborough	Zip: 33595 Country: Hillsborough

4. FEI Number: 03-0424620 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEITH, W.C.
1722 STAYSAIL DR.
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
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	D SALINAS, JOHN 1831 STAYSAIL DR. VALRICO FL 33594 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Owner (50%) Salinas, John 1829 Staysail Dr. Valrico FL 33594 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner (50%) Salinas, Donna 1829 Staysail Dr. Valrico, FL 33594 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: John H. Salinas / Donna M. Salinas 8/28/03 813-685-9214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)