

FILED
May 05, 2003 8:00 am
Secretary of State

04-11-2003 90095 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000062966

1. Entity Name
PRO-FAB CONSTRUCTION, INC.



Principal Place of Business
12350 NW 25TH ST
CORAL SPRINGS FL 33065

Mailing Address
12350 NW 25TH ST
CORAL SPRINGS FL 33065



2. Principal Place of Business
1062 Harmony Way
Suite, Apt. #, etc.

3. Mailing Address
1062 Harmony Way
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Royal Palm Beach FL
Zip
33411
Country
USA

City & State
Royal Palm Beach FL
Zip
33411
Country
USA

FEL Number
020615061

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, FARRELL
12350 NW 25TH ST
CORAL SPRINGS FL 33065

Name
WALKER, FARRELL
Street Address (P.O. Box Number is Not Acceptable)
1062 Harmony Way
TAMARAC FL 33321
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 *Alain Patenaude*
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	PATENAUDE, ALAIN	12350 NW 25TH ST CORAL SPRINGS FL 33065	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	PATENAUDE, Alain	1062 Harmony Way Royal Palm Bch, FL 33411	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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, trustee, or 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: *Alain Patenaude* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)