


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

FILED

03 MAY 16 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002 0000 76808
 1. Entity Name
GORDON METAL FABRICATORS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>6014 BONACKER DR.</u>		Suite, Apt. #, etc. <u>3607 E. KEYSVILLE RD.</u>	
City & State <u>TAMPA FL</u>		City & State <u>LITHIA, FL</u>	
Zip <u>33610</u>	Country <u>USA</u>	Zip <u>33547</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>47-1540377</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CHRISTOPHER GORDON

Street Address (P.O. Box Number is Not Acceptable)
3607 E. KEYSVILLE RD.

City LITHIA FL Zip Code 33547

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] DATE 4-14-03

Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 31 Fee is \$180.00
 After May 1, Fee is \$580.00
 Amended UBR is \$61.25
 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	<u>PRESIDENT CHRISTOPHER GORDON 3607 E KEYSVILLE RD LITHIA FL 33547</u>	FEI NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(3)(c), 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 on an attachment with an address, with all other info enclosed.

SIGNATURE: [Signature] DATE 4-14-03 (813) 763-2692

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone, Phone #

CR2E034B (12/02)

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