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Secretary of State
05-06-2003 90044 021 ***150.00

80114380

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000088106

1. Entity Name
PRIME FABRICATION, INC.

Principal Place of Business	Mailing Address
16351 HERON HILLS DR. BROOKSVILLE, FL 34610	16351 HERON HILLS DR. BROOKSVILLE, FL 34610

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
18249 US 41 S	PO BOX 11104
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SpringHill Fl	City & State: Brooksville FL
Zip: 34610 Country: USA	Zip: 34610 Country: US

4. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIEGEL, BRIAN J
18249 US HWY 41S
BROOKSVILLE, FL 34610

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] 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P FIEGEL, BRIAN J 18249 US HWY 41S BROOKSVILLE, FL 34610 ☐ 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] Brian J Fiegel 4/25/03 352-754-8512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #