

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008557

1. Entity Name

STEEL FAB STRUCTURES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90329 042 ***150.00

Principal Place of Business

284 KEMP ROAD
SWAINSBORO GA 30401
US

Mailing Address

284 KEMP RD
SWAINSBORO GA 30401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3168163

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

JONES, THEODORE A
274 POWERLINE ROAD
NEW SMYRNA FL 32168

Name

Jones, Theodore A.

Street Address (P.O. Box Number is Not Acceptable)

1303 VICTORY PALM DR.

City

EDGEWATER

FL

Zip Code

32132

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.

SIGNATURE

Theodore A. Jones

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

1-24-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JONES, THEODORE A
STREET ADDRESS 284 KEMP RD
CITY-ST-ZIP SWAINSBORO GA 30401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JONES, DOROTHY C
STREET ADDRESS 284 KEMP RD
CITY-ST-ZIP SWAINSBORO GA 30401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theodore A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theodore A. Jones

1-24-01

Date

912-562-3480

Daytime Phone #

CR2E034 (10/00)