

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90092 019 ***150.00

DOCUMENT # P92000008557

1. Entity Name
STEEL FAB STRUCTURES, INC.



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

☐ **CHECK HERE IF MAKING CHANGES**



6. Name and Address of Current Registered Agent

JONES, THEODORE A
1303 VICTORY PALM DR.
EDGEWATER FL 32132

7. Name and Address of New Registered Agent

Name *Christopher C. Jones*
Street Address (P.O. Box Number is Not Acceptable) *511 Old County Road*
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Christopher C. Jones* *Christopher C. Jones* *3/31/03*
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 ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, THEODORE A 284 KEMP RD SWAINSBORO GA 30401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, DOROTHY C 284 KEMP RD SWAINSBORO GA 30401	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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 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: *Theodore A. Jones* **THEODORE A. JONES** *President* *3/31/03* *912-562-3480*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)