2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
09-17-2001 90151 027 ***550.00

DOCUMENT # P94000019770

1. Entity Name
BEST FABRICATIONS, INC.

Principal Place of Business	Mailing Address
4810 HANCOCK LANE ROAD HIGHLAND CITY FL 33846	P.O. BOX 1355 HIGHLAND CITY FL 33846 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
204 Bartow Municipal Airport		204 Bartow Municipal Airport	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bartow, Florida		City & State: Bartow, FL	
Zip: 33830	Country: USA	Zip: 33830	Country: USA

4. FEI Number 59-3228654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, E S JR.
200 LAKE MORTON DRIVE
LAKELAND FL 33801

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
After September 12, 2001 Fee will be $750.00
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	CD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RUYS, NICHOLAS G		NAME		
STREET ADDRESS	4810 HANCOCK LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY FL		CITY-ST-ZIP		
TITLE	TSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RUYS, JOAN P		NAME		
STREET ADDRESS	4810 HANCOCK LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND CITY FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/01)

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: SIGNATURE REQUIRED [signature] 8/28/01 863-816-9418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #