

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000016895**

1. Entity Name

**C & M FABRICATORS, INC.**

Principal Place of Business

5517 SHOW CIRCLE  
NORTH PORT FL 34287  
US

Mailing Address

5517 SHOW CIRCLE  
NORTH PORT FL 34286-7784  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MUSGROVE, GEORGE  
6301 MALALUKA ROAD  
NORTH POINT FL 34287**

7. Name and Address of New Registered Agent

Name

MUSGROVE, GEORGE  
Street Address (P.O. Box Number is Not Acceptable)  
5517 SHOW CIRCLE

City

NORTH PORT

FL

Zip Code

34287

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

*George W Musgrove*

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 \$150.00  
After MAY 1, 2000 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

TITLE **P** ☐ Delete  
NAME **MUSGROVE, GEORGE W**  
STREET ADDRESS **5517 SHOW CIRCLE**  
CITY-ST-ZIP **NORTH PORT FL 34287**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Add  
NAME **MUSGROVE, GEORGE W**  
STREET ADDRESS **5517 SHOW CIRCLE**  
CITY-ST-ZIP **NORTH PORT FL 34287**TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: *George W Musgrove* **George W Musgrove**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

991-426-2153

Daytime Phone #

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90074 038 \*\*\*150.00

C0010763



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0733463

Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**