

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90033 030 \*\*\*150.00

0004132 AV

**DOCUMENT # P97000040118**

1. Entity Name  
**FLORIDA METAL STRUCTURES OF NORTHEAST FLORIDA, I NC.**

Principal Place of Business

ROUTE 20 BOX 495  
 HIGHWAY 90 WEST  
 LAKE CITY FL 32216  
 US

Mailing Address

ROUTE 20 BOX 495  
 HIGHWAY 90 WEST  
 LAKE CITY FL 32216  
 US

2. Principal Place of Business

**2829 Blanding Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**2829 Blanding Blvd.**

Suite, Apt. #, etc.

City & State

**Middleburg, FL**

City & State

**Middleburg, FL**

4. FEI Number

**58-2297842**

Applied For

Not Applicable

Zip

**32068**

Country

**USA**

Zip

**32068**

Country

**USA**

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

**HOLBROOK, H. L**  
**1 INDEPENDANT DRIVE, STE. 2301**  
**JACKSONVILLE FL 32202**

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 \$150.00**  
**After May 1, 2002 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 NAME ☐ Delete  
**D FOX, JOSEPH E**  
 STREET ADDRESS **3635 HWY 92 EAST**  
 CITY-ST-ZIP **LAKELAND FL 33801**

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/02 863-669-1611**  
 Date Daytime Phone #

CR2E034 (9/01)