

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076042

1. Entity Name
BOB GERENA FABRICATING, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91338 021 ***150.00

Principal Place of Business
203 SOUTH PARSONS AVENUE
BRANDON FL 33511

Mailing Address
203 SOUTH PARSONS AVENUE
BRANDON FL 33511

2. Principal Place of Business
6925 HWY 60 WEST
Suite, Apt. #, etc.
BLDG B

3. Mailing Address
Suite, Apt. #, etc.

City & State
MULBERRY, FL

City & State

4. FEI Number 59-3530105

Applied For
Not Applicable

Zip 33860 Country USA

Zip Country

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

PIERCE, M. WEBSTER
203 SOUTH PARSONS AVENUE
BRANDON FL 33511

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

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 NAME STREET ADDRESS CITY-ST-ZIP | P GERENA, ROBERT L 1622 SOUTH SAINT CLOUD AVE. VALRICO FL 33594 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 2-22-01
Date

Daytime Phone #

CR2E034 (10/00)