2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000018992 May 31, 2000 8:00 am Secretary of State 1. Entity Name WOLVERINE FABRICATORS, INC. 05-31-2000 90021 037 ***150.00 Principal Place of Business Mailing Address 1474 HAPP JORDAN HILS COURT 11774 JORDAN HILS COURT CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 2280 10 th 5t-3. Mailing Address JoH 12**5**0 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-356 1339 Not Applicable LARGO LALAO Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired U STM Fee Required ר ד בנ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIAMON BRUNSON, JOHN M Street Address (P.O. Box Number is Not Acceptable) 14474 JORDAN HILS COURT CLEARWATER FL 33756 City LARQU 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 lure required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 **PSD** TITLE Change ☐ Addition ☐ Delete TITLE DIAMOND, ROBERT F NAME NAME STREET ADDRESS STREET ADDRESS **2280 10 STREET SE** CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Change Addition TITLE ۷π ☐ Dalete TITLE CZERWINSKI, DAVID J NAME NAME STREET ADDRESS **2280 10 STREET SE** STREET ADDRESS CITY-ST-ZIP CITY-ST-71P LARGO FL 33771 ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐, Defete ~ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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