2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075490

TURA'S SHEET METAL FABRICATION, INC.

Principal	Place	of Business	

Mailing Address

451 23RD AVENUE NORTH ST. PETERSBURG FL 33704

461 23RD AVENUE NORTH ST. PETERSBURG FL 33704-4315

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Jan 13, 2000 8:00 am Secretary of State 01-13-2000 90027 022 ***150.00



Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State			4. FEI Number 59-3595690)	Applied For Not Applicable		
Zip	Country	Zip _	p Country		ertificate of Status Desired	- \$8.75 Additional		
	6. Name and Address of Current Re	gistered Agent		7. N	ame and Address of New Re	egistered Aç	ent	
			Name					
Cardoza, douglas J 461 23RD avenue north		Street Add	Street Address (P.O. Box Number is Not Acceptable)					
ST. F	PETERSBURG FL 33704							
		City	City FL Zip Code					
8. The above	named entity submits this statement for the	e purpose of changing its r	registered office or re	gistered age	ent, or both, in the State of Flo	rida.		
CICNIATURE								
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable (NOTE:	Registered Agent signature	required when rei	nstating)	DATE		·
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		! FEE IS \$150.00 00 Fee will be \$550 e to Department o		10. Election Campaign Finance Trust Fund Contribution			May Be to Fees
11.	OFFICERS AND DII	RECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony M. Tura 131-52-5+ Sout 5+ Petersburg Flor	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph C. Tura Je. 4211 Burlington Ave A 34 Petersburg, Flance	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Douglas J. Cardage U61-234 Ave No.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		m v.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ziii Sie Sie Sie Sie Sie Sie Sie Sie Sie	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption stated	d in Section	I 19.07(3)(i), Florida Statutes. I		☐ Change	Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR