

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000096130

1. Entity Name  
MW FABRICATORS, INC.

05-24-2000 90177 017 \*\*\*150.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV 13 AM 9:39

Principal Place of Business Mailing Address  
C/O MICHAEL WELLS C/O MICHAEL WELLS  
793 SW BYRONE STREET 793 SW BYRONE STREET  
PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983-1921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
793 S.W. BYRONE ST. Suite, Apt. #, etc.

City & State Port St. Lucie City & State

Zip 34983 Country St. Lucie Zip Country

4. FEI Number 05-094,407 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
EDGE, JOSEPH  
C/O THE TAX SHOPPE  
932 SW BAYSHORE BLVD.  
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. If 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 X Michael T Wells 4/25/00  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL WELLS OWNER 793 S.W. BYRONE ST. PORT ST. LUCIE, FL 34983	<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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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

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: X Michael T Wells 4/25/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

# ***THE TAX SHOPPE***

932 SW Bayshore Blvd.  
Port St. Lucie, FL 34983  
(561) 879-2895  
(561) 879-2894 Fax  
Email: TaxShopeFla@AOL.COM

October 12, 2000

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Florida 32314

Re: MW Fabricators, Inc. P99000096130

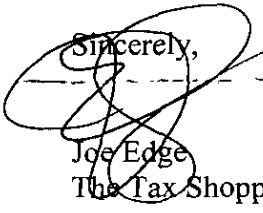
Dear Sirs:

The corporation president of the above named corporation submitted the annual report in a timely fashion with the payment for same in the amount of \$150.00. A copy of the cancelled check is enclosed. Subsequently, your office contacted him with regard to the EIN that was left out of the Annual Report. The check was not returned but the EIN information was forwarded to your office. The correct EIN is 65-0941407.

Recently, the president of the corporation received a letter from your office dissolving the corporation for not submitting this information. It was indeed sent to your office.

If you have any questions, please feel free to contact our office or the taxpayer directly.

Sincerely,

  
Joe Edge  
The Tax Shoppe

cc:

MW Fabricators, Inc.  
C/o Michael Wells  
793 SW Byron Street  
Port St Lucie, FL 34983