

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90137 007 ***158.75

DOCUMENT # P99000104424

1. Entity Name
PREFAB METAL STRUCTURES, INC.

C0040694



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
25 N. BELCHER RD., STE. L 169 **25 N. BELCHER RD., STE. L 169**
CLEARWATER FL 33765 **CLEARWATER FL 33765**

2. Principal Place of Business 3. Mailing Address
2146 Sunnydale Blvd *2146 Sunnydale Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite B *Suite B*

City & State City & State
Clearwater, FL *Clearwater, FL*
 Zip Zip Country Country
33765 *33765* *US.* *US.*

4. FEI Number Applied For
59-3610248 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRAYSHAW, MARIANNE
2016 LAKE CITRUS DR.
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
 Name *same*
 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 _____ (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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRAYSHAW, MARIANNE	
STREET ADDRESS	2016 LAKE CITRUS DR.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Brayshaw, Marianne</i>	
STREET ADDRESS	<i>2016 Lake Citrus Drive</i>	
CITY-ST-ZIP	<i>Clearwater, FL 33763</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Marianne Brayshaw* **Marianne Brayshaw** Date: *3/13/00* Daytime Phone #: *727-443-1998*

CR2E034 (9/99)