

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91298 041 \*\*\*150.00

DOCUMENT # **P99000111779**

1. Entity Name

**Custom Metal Works of Tallahassee, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**70 Wakulla Beach Rd.**

3. Mailing Address

**P.O. Box 1319**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Crawfordville, FL**

City & State

**Woodville, FL**

Zip

**32327**

Country

**Wakulla**

Zip

**32362**

Country

**Leon**

4. FEI Number

**59-3631065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Katrinka L. Brewer**

Street Address (P.O. Box Number is Not Acceptable)

**36 Wakulla Beach Rd**

City

**Crawfordville**

FL

Zip Code

**32327**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Katrinka L. Brewer 36 Wakulla Beach Rd. Crawfordville, FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Richard Brewer 36 Wakulla Beach Rd. Crawfordville, FL 32327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Travis Brewer 70 Wakulla Beach Rd. Crawfordville, FL 32327</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Katrinka L. Brewer **Katrinka L. Brewer** **4-25-03 (888)925-7902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)