

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V11588**

1. Entity Name

SOUTH SEMINOLE FABRICATORS, INC.

Principal Place of Business

**5450 S BRYANT AVENUE
SANFORD FL 32773
US**

Mailing Address

**5450 S BRYANT AVENUE
SANFORD FL 32773
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3107538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, RONALD D
5450 SOUTH BRYANT AVENUE
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, RONALD D. 5450 S. BRYANT AVE SANFORD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FIELDS, EDDY J 5450 S. BRYANT AVENUE SANFORD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert J. Maxman 5450 S. Bryant Avenue Sanford, FL 32773 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

Robert J. Maxman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**7/3/02**
Date**407-330-1720**
Daytime Phone #**FILED**
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90359 010 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment

V11588



120991
SOUTH SEMINOLE SHEET METAL, INC.

5450 BRYANT AVENUE
SANFORD, FLORIDA 32773

(407) 330-1720
FAX (407) 322-9860

July 3, 2002

Division of Corporation
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: South Seminole Fabricators - # V11588

To whom it may concern:

I am writing to request that the late fee for filing a delinquent Uniform Business Report (UBR) be waived. As our former controller may have received a prior notice, she neglected to forward this report to my attention for review and signature. Due to her negligence, I was not aware of the UBR's filing deadline and hope you will consider waiving our late fee.

I apologize for this oversight and assure you that future reports will be filed in a timely manner.

If you have any additional questions, please contact me at 407-330-1720, ext. 205.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. Maxman', written over a horizontal line.

Robert J. Maxman
President