2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31156 1. Entity Name TREMBLAY FABRICATION, INC.				Secretary of State 02-20-2002 90022 027 ***150.00	
Principal Place of Business 510 S.E. 4TH COURT CHIEFLAND FL 32626		Mailing Address P.O. BOX 1489 CHIEFLAND FL 32644			
2. Principal Place of Business		3. Mailing Address		T CERTI DITORE FILER STORE TERRE BISTO BATT BERNE BERNE BERNE BERNE BERNE BERNE BERNE BERNE BERNE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For Not Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
	40 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		· · · · Name · ·	- Togodisa Agent	
BECK, P1 11151 N.			Street Addre	ss (P.O. Box Number is Not Acceptable)	
CHIEFLAI	ND FL 32626		City	₽ Zip Code	
				FL Zip Code	
Tax filing (See crite	oration is eligible to satisfy its intangib requirement and elects to do so.	After May 1, 20 Make Check Payal	III FEE IS \$150.00 002 Fee will be \$550.0 ble to Department of \$	State Added to Fees	
III.	OFFICERS AND	·	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	TREMBLAY, RONALD H 13490 C.R. 207, N. CHIEFLAND FL 32626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TREMBLAY, GWEN M 13490 C.R. 207, N. CHIEFLAND FL 32626	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	OTHER DATE I DIEGO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	
TITLE IAME Street address Sity-st-zip	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	. Change Addi	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	
ITLE IAME TREET ADDRESS HTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit	
ITY-ST-ZIP I. I hereby of indicated of the cor	on this report or supplemental report i	is true and accurate and that n powered to execute this report	r the exemption stated in ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information to same legal effect as if made under oath; that I am an officer or directe 507, Florida Statutes; and that my name appears in Block 11 or Block 12	

+ SIGNATURE: _

SIGNATURE BROWLESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

<u> 352-493-433</u>

Daytime Phone #