

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66882

1. Entity Name  
CONTINENTAL FABRICATORS, INC.

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
04-11-2001 90122 032 \*\*\*158.75

0457073

Principal Place of Business  
13609 N MAIN ST  
JACKSONVILLE FL 32218  
US

Mailing Address  
P O BOX 28368  
JACKSONVILLE FL 32218  
US

741319



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1414 EASTPORT RD.  
Suite, Apt. #, etc.

3. Mailing Address  
1414 Eastport Rd.  
Suite, Apt. #, etc.

City & State

City & State  
Jacksonville, Florida

4. FEI Number 59-3144305

Applied For  
Not Applicable

Zip Country

Zip Country  
32218 Duval

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

## 6. Name and Address of Current Registered Agent

FITZPATRICK, EUGENE C.  
13609 N MAIN ST  
JACKSONVILLE FL 32218

## 7. Name and Address of New Registered Agent

Name Eugene Fitzpatrick  
Street Address (P.O. Box Number is Not Acceptable)  
1414 EASTPORT ROAD  
Jacksonville  
City FL Zip Code 32218

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, 2001 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 DPV  
NAME FITZPATRICK, EUGENE C.  
STREET ADDRESS 13609 N MAIN ST  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE DPV  
NAME Fitzpatrick, Eugene C.  
STREET ADDRESS 1414 Eastport Rd  
CITY-ST-ZIP Jacksonville, FL 32218 ☐ Change ☒ Addition

TITLE ST  
NAME FITZPATRICK, EUGENE C.  
STREET ADDRESS 13609 N MAIN ST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ST  
NAME Fitzpatrick, Eugene C.  
STREET ADDRESS 1414 Eastport Rd  
CITY-ST-ZIP Jacksonville, FL 32218 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01 Bp# 904-889-8870  
Date Daytime Phone #

CR2E034 (10/00)