

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90308 003 \*\*\*150.00

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

DOCUMENT # **P000000050508**  
 1. Entity Name  
**Fabricating Services, Inc.** ✓

**420498**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**6339 Muck Pond Road**  
 Suite, Apt. #, etc.  
 City & State  
**Seffner, FL**  
 Zip  
**33584** Country  
**USA**

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3661959** Applied For  
 Not Applicable

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

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
**W.C. Keith**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1733 Stag Sail Drive**  
 City  
**Valrico** FL Zip Code  
**33594**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 13 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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	<b>President Mike Anderson 6339 Muck Pond Road Seffner FL 33584</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V. Pres John Salinas 1733 Stag Sail Drive Valrico FL 33594</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Anderson (Mike Anderson) Date: 2/22/02 (813) 655-1885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)