

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2000 8:00 am**
Secretary of State

03-15-2000 90090 046 ***150.00

DOCUMENT # P13007

1. Entity Name

PHOENIX FABRICATORS AND ERECTORS, INC.

0 2 2 4 0 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

182 S COUNTY RD. 900 E
PO BOX 34410
INDIANAPOLIS IN 46234
US**182 S COUNTY RD. 900 E**
PO BOX 34410
INDIANAPOLIS IN 46234-0410
US

2. Principal Place of Business

3. Mailing Address

182 S. County Rd 900 East
Suite, Apt. #, etc.**182 S. County Rd 900 East**
Suite, Apt. #, etc.

City & State

Avon, IN

City & State

Avon, IN

4. FEI Number

35-1676662

Applied For

Not Applicable

Zip

46123

Country

USA

Zip

46123

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	SHORT, JEFFREY A.	3955 VILLAGE DR	NEW PALESTINE IN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BACON, HORACE F	5591 MUIRFIELD WAY	PLAINFIELD IN	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	LAKIN, CHARLES D.	745 ABBINGTON STATION	DANVILLE IN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WARREN, HUGH K	8008 FISHBACK RD.	INDIANAPOLIS IN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ROTHERBER, EUGENE M	8070 FISHBACK RD	INDIANAPOLIS IN	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	YOHLER, TIMOTHY F	12469 BENTLEY BLVD.	FISHERS IN	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

Avon, IN 46123**6733 Dusk Ct.**
Indianapolis, IN

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: *Timothy F. Yohler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy F. Yohler, Secretary**3-7-00**

Date

(317) 271-7002

Daytime Phone #