

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**  
 01-12-2000 90001 003 \*\*\*158.75

**DOCUMENT # 359138**

1. Entity Name

**ACTION WELDING SUPPLY, INC.**

Principal Place of Business

Mailing Address

6683 STUART AVE.  
 JACKSONVILLE FL 32254-3593  
 US

P.O. BOX 37089  
 JACKSONVILLE FL 32236-7089  
 US

A0000548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1281801**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. 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

**CARTER, D. SHERON**  
**6683 STUART AVENUE**  
**JACKSONVILLE FL 32254**

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 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	VP	<input type="checkbox"/> Delete
NAME	FINE, ROBERT D	
STREET ADDRESS	1212 CHELSEA PL.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARTER, D SHERON	
STREET ADDRESS	6683 STUART AVE	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, RICHARD A	
STREET ADDRESS	6683 STUART AVE	
CITY-ST-ZIP	JAX, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, SCOTT A	
STREET ADDRESS	6683 STUART AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, KENT L	
STREET ADDRESS	6683 STUART AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARTER, STEVEN R	
STREET ADDRESS	6683 STUART AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 life empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/00

Date

904-786-2254

Daytime Phone #