

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826168

1. Entity Name

AMERICAN WELDING SOCIETY, INC.

Principal Place of Business

550 NW LEJEUNE RD
MIAMI FL 33126

Mailing Address

550 NW LEJEUNE RD
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-0434890

Applied For

Not Applicable

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

DELAURIER, FRANK
550 NW LEJEUNE RD
MIAMI FL 33126

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME BOLLINGER, S.W.
STREET ADDRESS 801 WILSON AVE..
CITY-ST-ZIP HANOVER PA 17331

TITLE PD ☐ Change ☒ Addition
NAME TEUSCHER, R.J.
STREET ADDRESS 306 S CHESTNUT
CITY-ST-ZIP COLORADO SPRINGS, CO 80905

TITLE VPD ☒ Delete
NAME TEUSCHER, R.J.
STREET ADDRESS 306 S. CHESTNUT
CITY-ST-ZIP COLORADO SPRINGS CO 80905

TITLE VPD ☐ Change ☒ Addition
NAME LEVERT, ERNEST
STREET ADDRESS PO BOX 650003, MS L10-03
CITY-ST-ZIP DALLAS, TX 75265

TITLE VPD ☐ Delete
NAME MYERS, L.W.
STREET ADDRESS PO BOX 560 PAUL CLARK DR
CITY-ST-ZIP CLEAN NY 14780

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

TITLE VPD ☐ Delete
NAME ARN, RICHARD
STREET ADDRESS 37104 LAUGHLIN RD
CITY-ST-ZIP LIBSON OH 44432

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

TITLE TD ☐ Delete
NAME WINDSAND, AMOS O.
STREET ADDRESS 909 TOTTENHAM
CITY-ST-ZIP BIRMINGHAM MI 48009

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

TITLE D ☐ Delete
NAME DELAURIER, F.G.
STREET ADDRESS 550 N.W. LEJEUNE ROAD
CITY-ST-ZIP MIAMI FL 33126

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/00 (305) 443-9353
Date Daytime Phone #

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90086 001 ***306.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)