

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 4:10

DOCUMENT # L 16074

1. Entity Name

GULF COAST WELDING, INC

Principal Place of Business

952 HWY 40 EAST
INGLIS, FL 34449

Mailing Address

P.O. BOX 330
MELROSE, FL 32666

2. Principal Place of Business

952 HWY 40 EAST

3. Mailing Address

P.O. BOX 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INGLIS, FL

City & State

MELROSE, FL

4. FEI Number

59-2968539

Applied For

Not Applicable

Zip

34449

Country

LEVY

Zip

32666

Country

ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOEL BARKER
2910 NE CR 219A
MELROSE, FL 32666

7. Name and Address of New Registered Agent

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, 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

TITLE: PRES
NAME: JOEL P. BARKER
STREET ADDRESS: 2910 NE CR 219A
CITY-ST-ZIP: MELROSE, FL 32666 ☐ Delete

TITLE: VP - SEC
NAME: HEDWIG BARKER
STREET ADDRESS: 2910 NE CR 219A
CITY-ST-ZIP: MELROSE, FL 32666 ☐ Delete

TITLE: DIR
NAME: JAMES P. BARKER
STREET ADDRESS: 2910 NE CR 219A
CITY-ST-ZIP: MELROSE, FL 32666 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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: Hedwig Barker

HEDWIG BARKER

07-18-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)