2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplement of the corporation or the receiver changed, or on an attachment

SIGNATURE:

an address, with all of

SIGNING OFFICER OR DIRECTOR

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # M18839 04-18-2000 90145 042 ***150.00 ALL AROUND WELDING, INC. Principal Place of Business Mailing Address 2601 N.W 55TH COURT 2601 N.W 55TH COURT FT LAUDERDALE FL 33309-2650 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2561542 Not Applicable Country \$8.75 Additional Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEAMER, WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 310 S.E. 13 ST. FT. LAUDERDALE FL 33316 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition □ Delete TITLE TITLE CROW, BRADLEY DALE NAME NAME STREET ADDRESS 918 NAUTILUS ISLE STREET ADORESS CITY-ST-ZIP CITY-ST-7IP DANIA FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP alled with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are report is true and accurate and flat my signature shall have the same legal effect as if made under oath; that I am an officer or director stee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information suppl

FILED