

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90087 008 \*\*\*150.00

**DOCUMENT # P99000089297**

1. Entity Name  
**CREIGHTON WELDING SERVICE, INC.**

Principal Place of Business <b>1385 S.E. BELLEVUE AVENUE          PORT ST. LUCIE FL 34953</b>	Mailing Address <b>1385 S.E. BELLEVUE AVENUE          PORT ST. LUCIE FL 34953</b>
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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  
**65-0954274**

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

**CREIGHTON, GLORIA T  
 1385 S.E. BELLEVUE AVENUE  
 PORT ST. LUCIE FL 34953**

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: *Gloria T. Creighton* DATE: **3-12-2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PTSD	CREIGHTON, GLORIA T	1385 SW BELLEVUE AVE PORT SAINT LUCIE FL 34953				
	VD	CREIGHTON, GERALD L	1385 SW BELLEVUE AVE PORT SAINT LUCIE FL 34953				

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: *Gloria T. Creighton* DATE: **3-12-2002**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)