

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90507 038 ***150.00

DOCUMENT # *V60164*

1. Entity Name

TJ's Mobile Welding Inc. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7870 HALL BLVD.

Suite, Apt. #, etc.

3. Mailing Address

7870 HALL BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LOXAHATCHEE FL.

City & State

LOXAHATCHEE FL.

4. FEI Number

05-0357682

Applied For

Not Applicable

Zip

Country

33470

US

Zip

Country

33470

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ARCHAMBAULT ROGER

Street Address (P.O. Box Number is Not Acceptable)

7870 HALL BLVD.

LOXAHATCHEE

City

FL

Zip Code

33470

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *DONNA ARCHAMBAULT*

Signature, typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

4/17/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *DONNA ARCHAMBAULT*
STREET ADDRESS *7870 HALL BLVD.*
CITY-ST-ZIP *LOXAHATCHEE FL.*

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Archambault*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

DATE

Daytime Phone #

561-333-7454

CR2E034B (12/02)