## 2003 FOR PROFIT CORPORATION

## FILED Feb 14, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR **Secretary of State** 432173 DOCUMENT # 02-14-2003 90214 003 \*\*\*158.75 1. Entity Name PUNTA GORDA WELDING & FABRICATING, INC. Mailing Address Principal Place of Business 23401 WESTCHESTER 23401 WESTCHESTER PORT CHARLOTTE FL 33980 PORT CHARLOTTE FL 33980 3. Mailing Address 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1500581 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAUSE, CHARLES L. Street Address (P.O. Box Number is Not Acceptable) 23401 WESTCHESTER BLVD. PORT CHARLOTTE FL 33980 FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 4 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition □ Delete TITLE TITLE NAME GAUSE, CHARLES L. NAME STREET ADDRESS 23401 WESTCHESTER BLVD STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change

CITY-ST-ZIP 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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