

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91181 005 \*\*\*150.00

0044737 AV

**DOCUMENT # 446468**

1. Entity Name

**JERRY GRICE WELDING, INC.**

Principal Place of Business

~~4400 SHELTER ROAD~~  
~~TALLAHASSEE FL 32310~~  
US

Mailing Address

P O BOX 5914  
TALLAHASSEE FL 32314

2. Principal Place of Business

57 Summerwind Circle S.

3. Mailing Address

P.O. Box 5914

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crawfordville FL

City & State

Tallahassee FL

4. FEI Number

59-1517194

Applied For

Not Applicable

Zip

32327

Country

Wakulla

Zip

32314

Country

Leon

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRICE, TYCELIA D

~~4400 SHELTER RD.~~  
~~TALLAHASSEE FL 32310~~

57 Summerwind Circle S.  
Crawfordville, FL  
32327

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

*Tyelia D. Grice*

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GRICE, TYCELIA D	
STREET ADDRESS	<del>4400 SHELTER RD.</del>	P.O. Box 5914
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	Tallahassee FL
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRICE, JERRY LOUIS	
STREET ADDRESS	<del>4400 SHELTER RD.</del>	P.O. Box 5914
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	32314
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRICE, TYCELIA D	
STREET ADDRESS	<del>4400 SHELTER RD.</del>	P.O. Box 5914
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	32314
TITLE	V	<input type="checkbox"/> Delete
NAME	GRICE, LOUIS KEITH	
STREET ADDRESS	<del>4400 SHELTER RD.</del>	P.O. Box 5914
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	32314
TITLE	V	<input type="checkbox"/> Delete
NAME	ASBELL, TONYA L.	
STREET ADDRESS	<del>4400 SHELTER RD.</del>	P.O. Box 5914
CITY-ST-ZIP	<del>TALLAHASSEE FL</del>	32314
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	57 Summerwind Circle S.	
CITY-ST-ZIP	Crawfordville FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	↑	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	↑	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	↑	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	↑	
STREET ADDRESS	Same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Tyelia D. Grice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

850-878-1977

Daytime Phone #

CR2E034 (9/01)