

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90378 047 ***550.00

DOCUMENT # 458955

1. Entity Name
MANDALAY WELDING, INC.

Principal Place of Business
**10220 NEW KINGS RD
 JACKSONVILLE FL 32219**

Mailing Address
**10220 NEW KINGS RD
 JACKSONVILLE FL 32219**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1551205		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YAKE, LEILA M 10220 NEW KINGS RD JACKSONVILLE FL 32219		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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: Abigail Carter DATE: 7/2/02
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. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKE, LEILA MARIE	NAME	
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKE, DAVID A	NAME	
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKE, DAVID D	NAME	
STREET ADDRESS	10224 U.S. HIGHWAY NO.1, NORTH	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAKE, CURTIS O	NAME	
STREET ADDRESS	10220 NEW KINGS RD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ABIGAIL M	NAME	
STREET ADDRESS	10212 NEW KINGS RD #7	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32219	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Abigail Carter DATE: 7/2/02 DAYTIME PHONE #: 904-768-3644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)