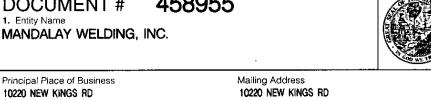
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

458955 **DOCUMENT #**

1. Entity Name

MANDALAY WELDING, INC.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90038 021 ***150.00

10220 NEW KI JACKSONVILLI			10220 NEW KINGS RD JACKSONVILLE FL 32219							
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	9	City & State	City & State			El Number 59-1551	205		pplied For	
Zip	Country	Zip	Zip Count			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent -					7. N	lame and Address of N	ew Registered	Agent	-	
YAKE, LEILA M				Name						
	W KINGS RD		Street Address			s (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32219										
				City			FL	Zip Cod	de	
the obligati	named entity submits this staterner ions of registered agent.							familiar with	and accept	
_	Signature, typed or printed name of registered a	igent and title if applicable.	(NOTE: Registered	Agent signature r	required when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaig Trust Fund Contri)0 May Be d to Fees	
10.	OFFICERS A	ND DIRECTORS	11.		ADI	DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	Š IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAKE, LEILA MARIE 10224 U.S. HIGHWAY NO.1, I JACKSONVILLE FL 32219	□ Delete	NAME Stree	i	**			☐ Change	☐ Addition 〈	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAKE, DAVID A 10224 U.S. HIGHWAY NO.1, I JACKSONVILLE FL 32219	☐ Delete		T ADORESS ST-ZIP				Change	☐ Addition	
TITLE	YAKE, DAVID D 10224 U.S. HIGHWAY NO.1, I JACKSONVILLE FL 32219	NORTH	NAME STREE	T ADDRESS ST-ZIP	um er er er	ner a radio e unión (il	man manus man san	≕ ErChange	☐ Addition	
TITLE NAME Street Address City-St-Zip	T YAKE, CURTIS O 10220 NEW KINGS RD JACKSONVILLE FL 32219	☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARTER, ABIGAIL M 10212 NEW KINGS RD #7 JACKSONVILLE FL 32219	☐ Delete	NAME STREE	T ADDRESS ST-ZIP	3 PARTE 3560 SAUA	r Abigail Swallow F han FL	FORK D	Change	☐ Addition	
title Name Street address City-St-Zip		□ Delete		1				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

