

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90026 028 ***150.00

DOCUMENT # 479885

Entity Name
OONE WELDING, INC.

Principal Place of Business
406 NE 19TH DRIVE
GAINESVILLE FL 32609
US

Mailing Address
2406 NE 19TH DRIVE
GAINESVILLE FL 32609
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1614927		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
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			
PEPPEL, JERRY G 2014 NE 23RD AVE. GAINESVILLE FL 32609				Name C. GARY Moody			
				Street Address (P.O. Box Number is Not Acceptable) 500 E. University Avenue			
				Suite A			
				City GAINESVILLE FL 32601			

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 *C. Gary Moody* **C. GARY Moody** 2/1/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPEL, JERRY G		NAME		
STREET ADDRESS	2014 NE 23RD AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPEL, JOYCE A		NAME		
STREET ADDRESS	2014 NE 23RD AVE.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director & Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOODY, GARY C		NAME	Same	
STREET ADDRESS	500 E UNIVERSITY AVE. SUITE A		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President and director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSARD, CARL K		NAME	Same	
STREET ADDRESS	7815 NW 20TH LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		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		
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: *C. Gary Moody* **C. GARY Moody Secy/Treas** 2/1/02 352-373-6791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0065043 AV

CR2E034 (9/01)