2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # 481414** BRAY WELDING, INC. 05-18-2000 90356 043 ***150.00 Principal Place of Business Mailing Address 1133 NORTH MAGNOLIA 1133 NORTH MAGNOLIA OCALA FL 34475-5106 OCALA FL 34475 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-1628982 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRAY, W. STEVE Street Address (P.O. Box Number is Not Acceptable) 4845 NW GAINESVILLE RD. OCALA FL 32675 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD TITLE TITLE ☐ Delete BRAY, W STEVEN NAME NAME STREET ADDRESS 4845 NW GAINESVILLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Addition STD ☐ Change TITLE ☐ Delete TITLE NAME BRAY, KAREN NAME 4845 NW GAINESVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Delete TITLE □ Change Addition-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP d with this filip does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 expressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the with all other like empowered. changed, or on an attachr

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Davtime Phone #

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