

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655170

1. Entity Name  
H & S WELDING & MACHINE SERVICE, INC.

**FILED**  
May 07, 2002 8:00 am  
Secretary of State

05-07-2002 90269 009 \*\*\*150.00

Principal Place of Business  
N. HOUSTON  
P.O. BOX 938  
LIVE OAK FL 32060

Mailing Address  
N. HOUSTON  
P.O. BOX 938  
LIVE OAK FL 32060



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
City & State

4. FEI Number 59-1959725 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country Zip Country

## 6. Name and Address of Current Registered Agent

SHIRLEY M THOMAS  
198 TERRACE - 161 DR  
P.O. BOX 938  
LIVE OAK FL FL 32060

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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. ☐  
(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 and Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, SHIRLEY M. RTE 2 BOX 3756 O'BRIEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, SUSAN C. RTE 2 BOX 3756 O'BRIEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, HOWARD W. RTE 2 BOX 3756 O'BRIEN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**4-24-02**  
**Final Return**  
**H & S Welding & Machine Service Inc - will cease to exist this year of 2002**  
**H**

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: Shirley M. Thomas **4-22-02 386-776-1576**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)