

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90234 041 \*\*\*163.75

**DOCUMENT # F02000002933**

1. Entity Name  
**TURNAROUND WELDING SERVICES, INC.**



Principal Place of Business  
**5110 RAILROAD AVE.  
DEER PARK TX 77536**

Mailing Address  
**29371 FROST RD.  
LIVINGSTON LA 70754**



2. Principal Place of Business  
**1605 S. Battleground Rd**  
Suite, Apt. #, etc.

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

City & State  
**LaPorte, TX**

City & State

4. FEI Number **41-2037553**

Applied For  
Not Applicable

Zip  
**77571**

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Campaign Financing  
Trust Fund Contribution. ☒ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GARZA, EDDIE</b>	
STREET ADDRESS	<b>29371 FROST RD.</b>	
CITY-ST-ZIP	<b>LIVINGSTON LA 70754</b>	
TITLE	<b>VPO</b>	<input type="checkbox"/> Delete
NAME	<b>UNDERWOOD, MICHAEL</b>	
STREET ADDRESS	<b>29731 FROST RD.</b>	
CITY-ST-ZIP	<b>LIVINGSTON LA 70754</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STRICKLAND, JERRY R</b>	
STREET ADDRESS	<b>5110 RAILROAD AVE.</b>	
CITY-ST-ZIP	<b>DEER PARK TX 77536</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, JAMES T</b>	
STREET ADDRESS	<b>5110 RAILROAD AVE.</b>	
CITY-ST-ZIP	<b>DEER PARK TX 77536</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WALTON, J. MICHAEL</b>	
STREET ADDRESS	<b>5110 RAILROAD AVE.</b>	
CITY-ST-ZIP	<b>DEER PARK TX 77536</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SAIN, PHILLIP</b>	
STREET ADDRESS	<b>5110 RAILROAD AVE.</b>	
CITY-ST-ZIP	<b>DEER PARK TX 77536</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1605 Battleground Rd</b>	
CITY-ST-ZIP	<b>LaPorte, TX 77571</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1605 Battleground Rd</b>	
CITY-ST-ZIP	<b>LaPorte, TX 77571</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1605 Battleground Rd</b>	
CITY-ST-ZIP	<b>LaPorte, TX 77571</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1605 Battleground Rd</b>	
CITY-ST-ZIP	<b>LaPorte, TX 77571</b>	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Signature Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (10/02)