2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am Secretary of State DOCUMENT # F06800 1. Entity Name WALT'S WELDING AND REPAIR, INC. 02-08-2001 90176 032 ***150.00 Principal Place of Business Mailing Address 416 E. BAY ST. 416 E. BAY ST. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 ROTETI 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2042365 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORGAN, WALTER J Street Address (P.O. Box Number is Not Acceptable) 416 E. BAY ST. WINTER GARDEN FL 32787 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 (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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME MORGAN, WALTER J STREET ADDRESS STREET ADDRESS 416 E. BAY ST. CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL ☐ Addition ☐ Change TITLE ☐ Delete MORGAN, WALTER S NAME NAME STREET ADDRESS STREET ADDRESS 416 E. BAY ST. CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete ☐ Change ☐ Addition TITLE TITLE **VPM** NAME NAME MORGAN, JEFFREY L STREET ADDRESS STREET ADDRESS 416 E. BAY ST CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL 34787 Change Addition ☐ Delete TITLE TITLE NAME MORGAN, TIMOTHY C NAME STREET ADDRESS STREET ADDRESS 416 E. BAY ST CITY-ST-ZIP CITY-ST-7IP WINTER GARDEN FL 34787 ☐ Change ☐ Addition TITLE [] Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE 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: SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR