

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90053 003 ***150.00

AB000430



DO NOT WRITE IN THIS SPACE

DOCUMENT # F33211	
1. Entity Name UNITED WELDING SERVICES, INC.	

Principal Place of Business 606 INDUSTRIAL PARK PERRY FL 32347	Mailing Address 606 INDUSTRIAL PARK PERRY FL 32347
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2078480	Applied For: <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
JONES, LARRY K. RT 3, BOX 11 PERRY FL 32347	

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	JONES, LARRY K.
STREET ADDRESS	RT 3, BOX 11
CITY-ST-ZIP	PERRY FL 32347
TITLE	P
NAME	GIDDENS, JAMES M
STREET ADDRESS	RT 3 BOX 460
CITY-ST-ZIP	PERRY FL 32347
TITLE	VPS
NAME	OTTAVI, NEIL A
STREET ADDRESS	7951 PRETTY POND LANE
CITY-ST-ZIP	PERRY FL 32347
TITLE	ST
NAME	DAVIS, SHELTON C
STREET ADDRESS	PO BOX 893
CITY-ST-ZIP	PERRY FL 32348
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: <i>Shelton C Davis</i>	Date 1/3/01	Daytime Phone # 850-584-3448
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CR2E034 (10/00)