FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am Secretary of State DOCUMENT # F94000002012 1. Entity Name 03-13-2002 90151 026 \*\*\*150 00 STUD WELDING, INC. Principal Place of Business Mailing Address 510306 2296 SKYVIEW DR. 2296 SKYVIEW DR. CENTERVILLE TN 37033 CENTERVILLE TN 37033-9551 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 62-0891606 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANTON, JAMES A JR Street Address (P.O. Box Number is Not Acceptable) 1809 FOX CIR. **CLEARWATER FL 34624** 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) Change Change Addition TITLE ☐ Delete TITLE NAME LAMBERSON, LAMBERT G NAME CR2E034 STREET ADDRESS STREET ADDRESS 2210 MORRISWOOD DR. CITY-ST-ZIP CITY-ST-ZIP FRANKLIN TN 37064 Delete TITLE TITLE □ Change ☐ Addition **ENAME** BLOCKER, C E STREET ADDRESS STREET ADDRESS RT. 2. BOX 150 CITY-ST-ZIP **NUNNELLY TN 37137** CITY-ST-ZIP TITLE ☐. Delete TITLE \_\_\_Change Addition NAME MAGRAMES, FRANCES NAME STREET ADDRESS STREET ADDRESS 906 VIRGINIA AVE. CITY-ST-ZIP CITY-ST-ZIP LAPORTE IN 46350 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CALLAS, THEODORA L STREET ADDRESS STREET ADDRESS 906 VIRGINIA AVE. CITY-ST-ZIP LAPORTE IN 46350 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 vector or trusted 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 attact ment with an address, with allyother like empowered.)

x zluloz