

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006229

1. Entity Name

MODERN WELDING COMPANY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90103 005 \*\*\*150.00

Principal Place of Business

Mailing Address

✓ BOX 1450

KY 42302-1450

PO BOX 1450

OWENSBORO KY 42302-1450

80030000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 61-1229111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDIGO, LARRY E  
 1801 ATLANTA AVE  
 ORLANDO FL 32806

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

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	JONES, JOHN W	
STREET ADDRESS	2880 NEW HARTFORD RD	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JOHN W	
STREET ADDRESS	2880 NEW HARTFORD RD	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JONES, JAMES E	
STREET ADDRESS	2880 NEW HARTFORD RD	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JONES, LELAND C	
STREET ADDRESS	2880 NEW HARTFORD RD	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	RUTH, JAMES M	
STREET ADDRESS	2880 NEW HARTFORD RD	
CITY-ST-ZIP	OWENSBORO KY 42303	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ECLEBERRY, RONALD L	
STREET ADDRESS	2880 NEW HARTFORD RD	
CITY-ST-ZIP	OWENSBORO KY 42303	

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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Signature*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000  
 Date

270-685-4400  
 Daytime Phone #

CR2E034 (9/99)