

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003542**

1. Entity Name

B & B WELDING SUPPLY, INC.**FILED**
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90003 042 ***150.00

Principal Place of Business

3635 W. RIDGE ROAD. UNIT C
GARY IN 46408

Mailing Address

3635 W. RIDGE ROAD. UNIT C
GARY IN 46408-1841

2. Principal Place of Business

608 FAIRMONT AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL

City & State

4. FEI Number

36-3819144

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOCH, JAMES
608C FAIRMONT AVENUE
SAFETY HARBOR FL 34695

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 State10. 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 ☐ Delete
NAME **PCD**
STREET ADDRESS **KOCH, JAMES B**
CITY-ST-ZIP **608C FAIRMONT AVENUE**
SAFETY HARBOR FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **S, JAMES B**
CITY-ST-ZIP **608C FAIRMONT AVENUE**
SAFETY HARBOR FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES B. KOCH

Date

7/5/2000

Daytime Phone #

727-726-0111

Attachment
D#F99000003542
00069867

To Whom it May Concern

7-5- 2000

This report was sent to the Gary Indiana address and was not delivered - It arrived at my Florida address two days ago. I immediately called your office and was told to submit the report and check for \$150.00 promptly and to include this note

Thank you
James B. Koch