

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003542

1. Entity Name

B & B WELDING SUPPLY, INC.

Principal Place of Business

608 FAIRMONT AVE
C
SAFETY HARBOR FL 34695
US

Mailing Address

3635 W. RIDGE ROAD. UNIT C
GARY IN 46408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34695

FL

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

James B. Koch

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PCD
KOCH, JAMES B
608C FAIRMONT AVENUE
SAFETY HARBOR FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

PCD
S, JAMES B
608C FAIRMONT AVENUE
SAFETY HARBOR FL

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☐ Change ☐ Addition

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

1-11-01

Date

Daytime Phone #

727
726-0140

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90119 030 ***150.00



DO NOT WRITE IN THIS SPACE

0602716

CR2E034 (10/00)