

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G78912

1. Entity Name

INDUSTRIAL CONSTRUCTION & WELDING, INC. ✓

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90003 010 \*\*\*550.00

Principal Place of Business

~~PO BOX 227~~ 3022 Porter Rd  
LITHIA FL 33547  
US

Mailing Address

~~3022 PORTER RD~~  
~~LITHIA FL 33547~~ P.O. Box 227  
Lithia, FL  
33547

2. Principal Place of Business

3022 Porter Rd

3. Mailing Address

P.O. Box 227

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lithia FL

City & State

Lithia, FL

4. FEI Number

59-2347247

Applied For

Not Applicable

Zip

33547

Country

USA

Zip

33547

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUNN, GARY MICHAEL  
5615 SPRING LAKE DRIVE  
LAKELAND FL 33811

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE P ☐ Delete  
NAME GUNN, GARY M.  
STREET ADDRESS 5615 SPRING LAKE DR.  
CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ Delete  
NAME GUNN, JEFFREY T.  
STREET ADDRESS 804 W. JOHNSON RD.  
CITY-ST-ZIP PLANT CITY FL

TITLE V ☐ Delete  
NAME WILLIAMS, DARAN  
STREET ADDRESS 3706 E MIDWAY RD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

GARY M. GUNN  
President

8-21-00

(813) 737-3799

Date

Daytime Phone #

CR2E034 (5/00)