2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

H06278 DOCUMENT

1. Entity Name

BRITT'S WELDING, INC.

Principal Place of Business



FILED Mar 03, 2003 8:00 am & Secretary of State 03-03-2003 90487 031 ***150.00



| 238 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH FL 33060 | | 238 SOUTH DIXIE HIGHWAY EAST POMPANO BEACH FL 33060 | | | | 1 50 510 11 7 112 00 170 01714 17011 10 20 1 1017 | | | ! 6 11 6 1814 1681 | |
|---|---|--|-----------------------------------|---|------|---|----|-----------------|----------------------------------|--|
| 2. Principal | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & Sta | te | City & State | | | 4. | 59-24 19432 | | | oplied For | |
| _Zip | Country | Zip | Coun | try | 5. | 5. Certificate of Status Desired | | 8.75 -Ad | 3.75-Additional | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| BRITTON, CHARLES 22281 SANDS POINT DR. | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| BOCA RA | TON FL 33433 | | | City | | - 1 | | 7:- 0- | | |
| | | | | City | | | FL | Zip Cod | 1 | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Chack Payable to Florida Payable to | | | | | | | | | | |
| Make Checi | k Payable to Florida Department of OFFICERS AND I | | 1 44 | | | | | | | |
| TITLE | VST OFFICERS AND I | | 11. | | AD | DITIONS/CHANGES TO OFFICERS | | _ | | |
| NAME STREET ADDRESS CITY-ST-ZIP | BRITTON, CHARLES 22281 SANDS POINT DR. BOCA RATON FL | | | | | | L |] Change | Addition | |
| TITLE NAME STREET ADDRESS GITY=SI-ZIP | PD BRITTON, ELIZABETH J. 777 S FED HWY APT RP 817 POMPANO BCH FL 33062 | ☐ Delete | 1 | | | | |] Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRITTON, CHARLES 22281 SANDS POINT DR. BOCA RATON FL | ☐ Delete | | T ADDRESS ST-ZIP | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Delete | TITLE NAME STREE CITY-1 | T ADDRESS | **** | | |] Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete . | TITLE NAME STREE CITY-S | T ADDRESS ST-ZIP | | | |] Change | Addition | |
| TITLE NAME Street address City-St-Zip | · | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS ST-ZIP | | | |] Change | Addition | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all piher like empowered.

SIGNATURE: