

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90069 031 \*\*\*158.75

DOCUMENT # **J17747**

1. Entity Name  
**J & S WELDING, INC.**



Principal Place of Business

~~4375 LAKE GENTRY ROAD~~  
~~ST. CLOUD FL 34772~~

Mailing Address

~~4375 LAKE GENTRY ROAD~~  
~~ST. CLOUD FL 34772~~

**1701 W. BROADWAY ST.**  
**OVIEDO, FL 32765**

2. Principal Place of Business

**1701 W. BROADWAY ST**

3. Mailing Address

**1701 W. BROADWAY ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OVIEDO, FL**

City & State

**OVIEDO, FL**

Zip ~~32765~~

Country

Zip ~~32765~~

Country

4. FEI Number

**59-2692354**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**SMITH, JAMES ARTIS**

~~4375 LAKE GENTRY RD~~ **2560 MIKLER RD.**  
~~ST. CLOUD FL 34772~~ **OVIEDO, FL 32765**

## 7. Name and Address of New Registered Agent

Name

**JAMES ARTIS SMITH**

Street Address (P.O. Box Number is Not Acceptable)

**2560 MIKLER RD.**

City

**OVIEDO,**

FL

Zip Code

**32765**

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 Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **VTSD** ☐ Delete  
NAME **SMITH, DEBORAH LYNN**  
STREET ADDRESS **2560 MIKLER RD.**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **PDC** ☒ Delete  
NAME **SMITH, JERRY A**  
STREET ADDRESS **4375 LAKE GENTRY ROAD**  
CITY-ST-ZIP **ST. CLOUD FL 34772**

TITLE **S** ☒ Delete  
NAME **CARBERRY, JASON**  
STREET ADDRESS **1218 FREEDOM COURT**  
CITY-ST-ZIP **OCFEE FL 34761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PDC** ☒ Change ☐ Addition  
NAME **JAMES ARTIS SMITH**  
STREET ADDRESS **2560 MIKLER RD**  
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 other like information.

SIGNATURE:

**JAMES ARTIS SMITH VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)