


FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90117 034 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12271			
1. Entity Name AMERICAN WELDING & METAL FABRICATION COMPANY			
Principal Place of Business 13933 LYNMAR BLVD TAMPA, FL 33626		Mailing Address 13933 LYNMAR BLVD TAMPA, FL 33626	
2. Principal Place of Business 13933 Lynmar Blvd		3. Mailing Address 13933 Lynmar Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Fla		City & State Tampa Fla	
Zip 33626	Country USA	Zip 33626	Country USA
4. FEI Number 59-2867834		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, ROBERT A 5157 LOQUAT CT PALM HARBOR, FL 34685		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>ROBERT A HENRY</u> <u>RAH</u> <u>6/5/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, ROBERT A 5157 LOQUAT CT PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AA HENRY, SUSAN A 5157 LOQUAT COURT PALM HARBOR, FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 507, 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 empowered. SIGNATURE: <u>SUSAN A HENRY</u> <u>6/5/03</u> <u>727-938-8453</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/02)