

2000 ~~UNITED STATES~~ BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90299 009 ***150.00

DOCUMENT # K44809

1. Entity Name

SLIM'S WELDING, INC.

Principal Place of Business

Mailing Address

% DAMIAN M. SMITH
 11089 MODEL CIRCLE E
 BOCA RATON FL 33428

22783 STATE ROAD 7
 SUITE 41
 BOCA RATON FL 33428-5427
 US

2. Principal Place of Business

DAMIAN SMITH

Suite, Apt. #, etc.

22596 MIDDLETOWN DR.

City & State

BOCA RATON FL.

Zip

33428

Country

U.S.

3. Mailing Address

22783 S. STATE RD. 7

Suite, Apt. #, etc.

P.M.B. # 41

City & State

BOCA RATON FL.

Zip

33428

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0072155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAMIAN M.
11089 MODEL CIRCLE E
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

DAMIAN SMITH

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

22596 MIDDLETOWN DRIVE

City

BOCA RATON

FL

Zip Code

33428

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

DAMIAN SMITH / PREC. /

4/28/00

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 \$150.00
After MAY 1, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, DAMIAN M.	
STREET ADDRESS	11089 MODEL CIRCLE E	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAMIAN SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (561) 706-52