## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## May 22, 2002 8:00 am Secretary of State K88745 DOCUMENT # 1. Entity Name 05-22-2002 90188 009 \*\*\*150.00 FLORIDA LINING & WELDING, INC. Principal Place of Business Mailing Address 503 BRADSHAW IND. PARKWAY P.O. BOX 1061 BARTOW FL 33830 MULBERRY FL 33860 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2957693 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6 Name and Address of Current Registered Agent 7...Name and Address of New Registered Agent MAYO, LAYNE E. Street Address (P.O. Box Number is Not Acceptable) **503 BRADSHAW INDUSTRIAL PARKWAY** MULBERRY FL 33860 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. K Change CR2E034 (9/01) TITLE ☐ Delete TITLE DP Addition MAYO, JOE MARCUS, JR. NAME NAME MAYO, JOE MARCUS, JR. 10843 ALBRITTON ROAD STREET ADDRESS STREET ADDRESS 503 BRADSHAW INDUSTRIAL PKWY LITHIA FL 33547 CITY-ST-ZIP CITY-ST-ZIP BARTOW, FL 33830 Change TITLE ☐ Delete TITLE ☐ Addition MAYO, LAYNE NAME NAME MAYO, LAYNE E. 10843 ALBRITTON ROAD STREET ADDRESS STREET ADDRESS 503 BRADSHAW INDUSTRIAL PKWY. LITHIA FL 33547 CITY-ST-7IP CITY-ST-ZIP BARTOW, FL 33830 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 in changed, or on an attachment with an address, with all other like empowered.

**FILED**