

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90105 037 \*\*\*\*55.00

**DOCUMENT # L00000006915**

1. Entity Name  
**B & G WELDING, L.L.C.**



Principal Place of Business

**5917 1ST AVE  
NEW PORT RICHEY FL 34652**

Mailing Address

**5917 1ST AVE  
NEW PORT RICHEY FL 34652**

**20025014**

2. Principal Place of Business  
**5907 Dasher Ct.**

3. Mailing Address  
**5907 Dasher Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Port Richey, Fl.**

City & State  
**Port Richey, Fl.**

4. FEI Number **59-3653464**

Applied For

Not Applicable

Zip

**34668**

Country

**Pasco**

Zip

**34668**

Country

**Pasco**

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKALSKI, JOSEPH C  
14010 ROOSEVELT BLVD  
SUITE 708  
CLEARWATER FL 33762**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OWNER  
JOHN J. BARKMAN  
5917 1ST AVE  
NEW PORT RICHEY FL 34652**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

**1/29/03** **727 846-9123**

Daytime Phone #

CR2E083 (10/02)