

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90069 026 ***150.00

DOCUMENT # L35043

1. Entity Name
AAA WELDING & SECURITY, INC.



Principal Place of Business
**4715 S RIDGEWOOD AVE
PORT ORANGE FL 32127
US**

Mailing Address
**4715 S RIDGEWOOD AVE
PORT ORANGE FL 32127
US**

00060245



2. Principal Place of Business
4715 Ridgewood Ave

3. Mailing Address
same

☐ CHECK HERE IF MAKING CHANGES

City & State
Port Orange FL

City & State

4. FEI Number
59-2980580

Zip
32127

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MOYE, JOHN R
4715 S. RIDGEWOOD AVE.
PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent
Name
Mitchell Gordon Attorney
Street Address (P.O. Box Number is Not Acceptable)
149-P S. Ridgewood Ave
City
Daytona FL 32115 **FL** Zip Code
32115

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]** DATE **3-21-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|----------------------------|--|--|---|-------------------------------------|--|-----------------------------------|
| TITLE | P | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MOYE, JOHN ROBERT | | | NAME | | | |
| STREET ADDRESS | 4715 S RIDGEWOOD AVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | Pres. | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCALLISTER, DAN | | | NAME | Daniel McAllister | | |
| STREET ADDRESS | 4715 S RIDGEWOOD AVE | | | STREET ADDRESS | 4715 S. Ridgewood Ave P.O. FL 32127 | | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BANOCK, BRIAN L | | | NAME | | | |
| STREET ADDRESS | 1523 MONTROSE AVENUE EAST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCCLAIN, CATHERINE J | | | NAME | | | |
| STREET ADDRESS | 1523 MONTROSE AVENUE EAST | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210-1125 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ANDRUS, ALICE | | | NAME | | | |
| STREET ADDRESS | 2811 NOVA ROAD | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32119 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 information empowered.

SIGNATURE: **[Signature]** **3-21-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)