2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF

Signaturé:

FILED Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # M76532** 1. Entity Name UNLIMITED WELDING, INC. 04-18-2000 90232 046 ***150.00 Principal Place of Business Mailing Address 235 OLD SANFORD OVIEDO RD 235 OLD SANFORD OVIEDO RD WINTER SPGS FL 32708-2651 WINTER SPGS FL 32708 00032455 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2882789 Not Applicable Zıp Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name SMITH, KEITH Street Address (P.O. Box Number is Not Acceptable) 5722 PARKVIEW LAKE DR ORLANDO FL 32821 Zip Code City 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 > (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, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Change ☐ Addition TITLE TITLE ☐ Delete Smith, Brian 3833 drange LKdr SMITH. KEITH NAME NAME 54 STREET ADDRESS STREET ADDRESS 5722 PARKVIEW LAKE DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete TITLE Addition TITLE SMITH, BONNIE NAME NAME 3833 ORANGE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, BRIAN NAME NAME STREET ADDRESS 3833 ORANGE LAKE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if