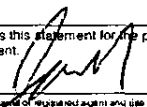
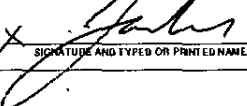


FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 90434 014 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # M88079</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                |                                                     |
| 1. Entity Name<br><b>BUCKEYE WELDING AND FABRICATING COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                      |
| Principal Place of Business<br>19515 ISLAND COURT<br>BOCA RATON, FL 33496 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | Mailing Address<br>7040 W. PALMETTO PARK ROAD<br>SUITE 2413<br>BOCA RATON, FL 33433 US                                               |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | City & State                                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                        | Zip Country                                                                                                                          |
| 4. FEI Number<br><b>31-1245538</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Applied For<br>Not Applicable                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | \$8.75 Additional Fee Required                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>FACSINA, MARIELLEN<br/>4009 EAGLE COURT<br/>PALM HARBOR, FL 33684</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE  DATE <br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when rendering.)</small>                                                               |                                                                                                |                                                                                                                                      |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>WEINGOLD, JACK<br>3806 NW 65TH LN<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| 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 507, 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 like empowered. |                                                                                                |                                                                                                                                      |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | Date <b>3/21/03</b> <input checked="" type="checkbox"/><br><small>Daytime Phone #</small>                                            |

CR2E034 (10/02)