

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002113
 1. Entity Name
 Linda Martin Welding, Inc.

Principal Place of Business Mailing Address
 17263 Rainbow Lane 3355 W. Bearss Ave.
 Lutz, FL 33549 Tampa, FL 33618

2. Principal Place of Business 3. Mailing Address
 17263 Rainbow Lane 3355 W. Bearss Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Lutz, FL Tampa, FL
 Zip Country Zip Country
 33549 US 33618 US

6. Name and Address of Current Registered Agent
 Walter Sanders
 3355 W. Bearss Ave.
 Tampa, FL 33618

4. FEI Number Applied For
 65-0980548 Not Applicable

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

7. Name and Address of New Registered Agent
 Name Sanders, Walter
 Street Address (P.O. Box Number is Not Acceptable) 3355 W. Bearss Ave.
 City Tampa FL Zip Code 33618

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 Walter Sanders Walter Sanders 4/19/01
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D Martin, Linda Lee 17263 Rainbow Lane Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900004418969-5 -06/14/01--01011--003 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda L Martin Linda L. Martin 4-24-01
 813-926-7762

FILED
 SECRETARY OF STATE
 01 JUN -6 PM 12:55

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)