

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90021 050 ***150.00

0567328 AT

DOCUMENT # P00000009180

1. Entity Name
J D WELDING AND FABRICATION, INC.

Principal Place of Business
7203 ELLIOTT STREET
#3
TAMPA FL 33616

Mailing Address
P O BOX 130745
TAMPA FL 33681-0745



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622029

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **6. Name and Address of Current Registered Agent**

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

REGISTERED CORPORATE AGENTS, INC.
612 S GREENWOOD AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
Name **JACQUELINE DORMAN**
Street Address (P.O. Box Number is Not Acceptable) **4734 WALLACE AVENUE**
City **TAMPA** **FL** **Zip Code** **33611**

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 *Jacqueline M. Dorman* **JACQUELINE M. DORMAN** **2-17-02**
Signature, type 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, 2002 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 **PT** ☐ **Delete**
NAME **DORMAN, JEFFRY C**
STREET ADDRESS **4734 WALLACE AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **VS** ☐ **Delete**
NAME **DORMAN, JACQUELINE M**
STREET ADDRESS **4734 WALLACE AVE**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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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: *Jacqueline M. Dorman* **VICE-PRESIDENT** **JACQUELINE DORMAN** **2-17-02** **813-831-6223**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CH2E034 (9/01)