2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000015412

1. Entity Name

HERSCHELL'S WELDING & MAINTENANCE, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90200 014 ***150.00

Principal Place 12104 138TH	ce of Business \$T.	Mailing Address 12104 138TH ST.								
LIVE OAK FL 32060		LIVE OAK FL 32060	LIVE OAK FL 32060						•	
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2. Principal Place of Business		3. Mailing Address			}	; (201100) III 00III 00III 03III 03III	81)1 B316 1 3781	A MARIE BIRGE	11019 1101 (001	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4 . F	59-3629688		⊢	oplied For ot Applicable	
Zip	Country	Zip	Country	y	5. (5. Certificate of Status Desired \$8.75 Fee Requ				
6. Name and Address of Current Registered Agent					_{-==:} 7.·1	lame and Address of New Reg	stered Ag	ent·		
				Name						
SMITH, JO	DANN		Street Addres			ss (P.O. Box Number is Not Acceptable)				
12104 13	8TH ST.					, , , , , , , , , , , , , , , , , , , ,				
	FL 32060									
				City			FL	Zip Cod	e	
8. The above	named entity submits this statement	for the purpose of changing its	registered	Loffice or rea	istered and	ent, or both, in the State of Florid		alliar with	and accept	
 the obligat 	tions of registered agent.	to the perpose of chariging to	, ogiotoroa	. 011100 01 109	giotoroa agt	ont, or both, ar the otate or hone	a. ramia	asical ventre,	and accept	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	E: Registered A	Agent signature re	equired when re	instating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department					Election Campaign Financ Trust Fund Contribution.	cing		0 May Be	
10.		ID DIRECTORS	11.		ΔΩ	DITIONS/CHANGES TO OFFICE	DC AND D	IDECTOR	9 INI 11	
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NAME	SMITH, JOANN		NAME				_			
STREET ADDRESS	12104 138TH STREET		STREET	ADDRES\$					1	
CITY-ST-ZIP	LIVE OAK FL 32064		CITY-S	Ť-ZIP					Ì	
TITLE	STD	☐ Delete	TITLE			****] Change	☐ Addition	
NAME	SMITH, HERSCHELL		NAME						j	
STREET ADDRESS	12104 138TH STREET			ADDRESS						
CITY-ST-ZIP	LIVE OAK FL			T-ZIP		,-v-m.				
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12 Ingrehva	ertify that the information cumplied wi	th this filing does not avalled for	the ever-	والمستفسفة متماها	n Cantine 1	10.07(0)(0). Flexists Over 111		sa col a	, ., [

I nereby certify that the information supplied with this filling 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 like empowered.

SIGNATURE:

1-21-03

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