

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90118 037 \*\*\*150.00

**DOCUMENT # P00000031851**

**1. Entity Name**  
**ROBBIE'S WELDING, INC.**



**Principal Place of Business**  
**17434 84TH COURT, N.**  
**LOXAHATCHEE FL 33470**

**Mailing Address**  
**17434 84TH COURT, N.**  
**LOXAHATCHEE FL 33470**



☐ CHECK HERE IF MAKING CHANGES

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>36-4358666</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State	
City & State	City & State	Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>THOMPSON, ROBBIE G</b> <b>17434 84TH COURT, N.</b> <b>LOXAHATCHEE FL 33470</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	<b>THOMPSON, ROBBIE G</b>			<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>17434 84TH COURT, N.</b>			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>LOXAHATCHEE FL 33470</b>			<b>CITY-ST-ZIP</b>			

**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 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:** *Robbie Thompson* **1-6-2003** **561-936-1255**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)