2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000045886 DOCUMENT

1. Entity Name

DOC'S WELDING & REPAIR, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90353 030 ***150.00

						100	WE THE							
Principal Place of Business 1944 MASSACHUSETTS AVENUE ENGLEWOOD FL 34224 Mailing Address 1944 MASSACHUSETTS AVENUE ENGLEWOOD FL 34224														
2. Principal I	Mailing Address						i i i i i i i i i i i i i i i i i i i		 					
Suite, Apt	.#, etc. L E い o v .	Suite, Apt. #, etc.	ite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State				City & State				i 65-1024296 —						pplied For ot Applicable
34224 Country U.S.A.				Zip Coun			5. Certificate of Status E			Status De	Fee Required			
6Name and Address of Current Registered Agent								7. Nar	ne and Ad	dress of	New Re	egistered	Agent	
	Name													
GRIFFO, I	LUCILLE SSACHUSETT		-	Street Address (P.O. I			Box Number is Not Acceptable)							
ENGLEW(··				
<u> </u>				City						FI	- 1			
the obliga	e named entity to tions of register	submits this state ed agent.	ement for the p	urpose of changing its	registere	d office o	r registere	ed agent	, or both, in	the Sta	te of Flor	rida. I am	familiar with	and accept
SIGNATURE	Signature, typed or	printed name of registe	ered agent and title i	f applicable. (NOTE	E: Registered	Agent signa	ture required	when reinst	ating)			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 Trust F	n Camp und Con	-			00 May Be d to Fees
· 10.		OFFICE	RS AND DIREC	TORS	11,			ADDI	TIONS/CH	ANGES T	O OFFI	CER\$ AN	D DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFO, LU 1944 MASS ENGLEWOO	ACHUSETTS A	VENUE	☐ Delete	TITLE NAME STREET	T ADDRESS							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			•	☐ Delete	TITLE NAME	T ADDRESS							☐ Change	☐ Addition
CITY-ST-ZIP					City-s								·	
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TITLE NAME STREET ADDRESS I CITY-ST-ZIP			,,,	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		,,					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	Address T-Zip	*		•				☐ Change	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 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: