2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State DOCUMENT # P00000078528 1. Entity Name 05-20-2002 90058 005 ***150.00 MICHAEL WESTBROOK WELDING, INC. Principal Place of Business Mailing Address 21040 2ND STREET 21040 2ND STREET LAND O LAKES FL 34639 LAND O LAKES FL 34639 2. Principal Place of Business 3. Mailing Address 23317 Rolling Meadow Lane 23317 Rolling Meadow Lane Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3688988 Land D'Lakes and O'Lakes. Not Applicable Zip \$8.75 Additional 3463<u>9</u> 5. Certificate of Status Desired 34639 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REIBER, JACOB I Street Address (P.O. Box Number is Not Acceptable) 26650 STATE ROAD 54 **LUTZ FL 33549** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Addition CR2E034 (9/01 ☐ Delete TITLE NAME WESTBROOK, MICHAEL westbrook, Michael NAME STREET ADDRESS STREET ADDRESS a3317 Rolling Meadow Lane 21040 2ND STREET CITY-ST-ZIE CITY-ST-ZIP Land o lakes fl 34639 Land o'Lakes, fc 34639 TITLE ☐ Delete TITLE Change Addition Westbrook, Althina O. NAME WESTBROOK, ALTHINA D NAME 23317 Rolling Meadow lane STREET ADDRESS STREET ADDRESS 21040 2ND STREET CITY-ST-7IP CITY-ST-ZIP Land o lakes fl 34639 and O'Lakes, FL 34639 ☐ Delete TITLE Addition ☐ Change NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (813) 300-0180

FILED