

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102017

1. Entity Name
JET WELDING & ERECTION, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90001 029 ***550.00

Principal Place of Business

3655 CREEKS BEND CT WEST
CASSELBERRY FL 32707

Mailing Address

3655 CREEKS BEND CT WEST
CASSELBERRY FL 32707

2. Principal Place of Business

3655 CREEKS BEND CT WEST
Suite, Apt. #, etc.

3. Mailing Address

3655 CREEKS BEND CT WEST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY, FL.

City & State

CASSELBERRY, FL.

4. FEI Number

59-3682184

Applied For

Not Applicable

Zip

32707

Country

FLORIDA

Zip

32707

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIVINGSTON, JOHN
3655 CREEKS BEND CT WEST
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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.

SIGNATURE

John R. Livingston

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

9-15-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIVINGSTON, JOHN
3655 CREEKS BEND CT WEST
CASSELBERRY FL 32707 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

John R. Livingston

Date

9-15-01

Daytime Phone #

407 109-32-98

CR2E034 (5/01)