

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90010 023 ***150.00

DOCUMENT # P00000105241

1. Entity Name
BEST WELDING INC.

Principal Place of Business
P.O. BOX 1025
SORRENTO FL 32776-1025

Mailing Address
P.O. BOX 1025
SORRENTO FL 32776-1025

2. Principal Place of Business
24925 HWY 46
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
SORRENTO FL

City & State

4. FEI Number
59-3693091

Applied For
☐ Not Applicable

Zip
32776

Country
32776 USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

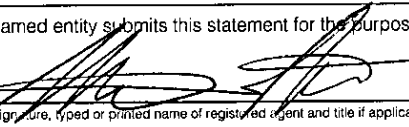
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AOUN, MAOUN
1938 TEABERRY CT
ORLANDO FL 32829

Name
MAROUN AOUN
 Street Address (P.O. Box Number is Not Acceptable)
24925 HWY 46
PO BOX 1025
 City
SORRENTO FL Zip Code
32776

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)

DATE

02-19-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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: AOUN, MAOUN
P.O. BOX 1025
SORRENTO FL 32776-1025

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MAROUN AOUN

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-01 **352-455-7177**
 Date Daytime Phone #

CR2E034 (10/00)