

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90162 001 \*\*\*150.00

DOCUMENT # P00000105241

1. Entity Name

BEST WELDING INC.

**DO NOT WRITE IN THIS SPACE**

80139240

2. Principal Place of Business

24925 HWY 46

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1025

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

CITY, STATE  
SORRENTO, FL

CITY, STATE  
SORRENTO, FL

4. FEI Number

59-3693091

Applied For

Not Applicable

Zip

Country

32776

Zip

Country

32776

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name AOUN, MAROUN

Street Address (P.O. Box Number is Not Acceptable)

24925 HWY 46

CITY SORRENTO

FL

Zip Code 32776

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE D  
NAME Aoun, Maroun  
STREET ADDRESS P.O. Box 1025  
CITY-ST-ZIP SORRENTO, FL 32776-1025

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/17/02 (352)455-7177

CR2E034B (12/01)

Attachment  
R# POD000105241

BEST WELDING INC.  
WE WILL WELD ANYTHING

DIVISION OF CORPORATIONS  
P.O.BOX 6327  
TALLAHASSEE, FLORIDA 32314

09/16/2002

DEAR SIR/ MADAM,

I WANT TO THANK YOU FOR YOUR PROMPT  
RESPOND AND MAILINNG THE RENEWAL FORMS.

WE HAVE NEVER RECEIVED THE RENEWAL FORMS,  
THAT'S WHY I CONTACTED YOUR OFFICE ON 09/12/2002 TO  
INFORM YOU WITH MY PROBLEM, SEVERAL TIMES OUR POST  
OFFICE HAS PUT OUR MAIL AND OTHER MAIL IN THE WRONG  
BOXES, AND THE PEOPLE NEVER GAVE US THE MAIL AS THEY  
SHOULD.

I AM TRYING TO EXPLAIN MY SITUATION AND ASK  
FOR YOUR HELP, AND UNDERSTANDING IN THIS MATTER..

SINCERELY YOURS.



MAROUN AOUN  
PRESIDENT.

925 CR 46 . SORRENTO, FLORIDA 32776PHONE/352-4557177FAX/352-3830992

Attachment  
P# P0000105241

BEST WELDING, INC.  
PO BOX 1025  
SORRENTO, FL 327761025

Request taken by: epeterson  
09-12-2002

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314