

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

06-06-2002 90084 017 ***150.00

DOCUMENT # P01000033719

1. Entity Name
ABLE WELDING, INC.

Principal Place of Business

**RT 15 BOX 78 DEERFIELD CIRCLE
 MAXVILLE FL 32234**

Mailing Address

**RT 15 BOX 78 DEERFIELD CIRCLE
 MAXVILLE FL 32234**

2. Principal Place of Business

4041 Deerfield Circle
 Suite, Apt. #, etc.

3. Mailing Address

4041 Deerfield Circle
 Suite, Apt. #, etc.

City & State

FL

City & State

Baldwin FL

4. FEI Number

59-3710265

Applied For

Not Applicable

Zip
32234

Country

Zip

32234

Country

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

6. Name and Address of Current Registered Agent

BLOOMER, GEORGE M III
2362 A BLANDING BLVD
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name: Emil Clayton Lyons

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

657 South Sixth Street

City MACLENNY

FL

Zip Code 32063

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

Emil Clayton Lyons

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ZILCH, DENNIS A**
CITY-ST-ZIP **RT 15 BOX 78 DEERFIELD CIRCLE**
MAXVILLE FL 32234

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ZILCH, DANIELLE J**
CITY-ST-ZIP **RT 15 BOX 78 DEERFIELD CIRCLE**
MAXVILLE FL 32234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Emil Clayton Lyons **5-31-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-813-3292

CR2E034 (9/01)