

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90456 047 \*\*\*150.00

0628713 AT

**DOCUMENT # P01000033719**

1. Entity Name  
**ABLE WELDING, INC.**



Principal Place of Business  
**4041 DEERFIELD CIR  
MAXVILLE FL 32234**

Mailing Address  
**4041 DEERFIELD CIR  
MAXVILLE FL 32234**



2. Principal Place of Business

3. Mailing Address

**20503 Benny Joe Bennett Rd**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SANDERSON FL**

City & State  
**SANDERSON FL**

4. FEI Number **59-3710265**

Applied For  
Not Applicable

Zip  
**32087**

Country  
**US.**

Zip  
**32087**

Country  
**US**

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

**LYONS, EMIL C**  
**657 SOUTH 6TH ST**  
**MACLENNY FL 32063**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME **20503 Benny Joe Bennett Rd**  
STREET ADDRESS **SANDERSON FL 32087**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **20503 Benny Joe Bennett Rd**  
STREET ADDRESS **SANDERSON FL 32087**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**904-813-3292**

Daytime Phone #

CR2E034 (10/02)