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FILED
Jul 09, 2002 8:00 am
Secretary of State

05-27-2002 90275 049 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036271

1. Entity Name
GROSS WELDING, INC.

Principal Place of Business

820 ANGLE RD
 FT PIERCE FL 34947

Mailing Address

820 ANGLE RD
 FT PIERCE FL 34947

38046



2. Principal Place of Business

1450 Bell Ave
 Suite, Apt. #, etc.

3. Mailing Address

5607 Killarney Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

65-1095204

Applied For

Not Applicable

Zip

34982 St Lucie

Country

Zip

34951 St Lucie

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GROSS, HENRY
 5607 KILSRNEY AVE
 FT PIERCE FL 34951

7. Name and Address of New Registered Agent

Name: Henry Gross
 Street Address (P.O. Box Number is Not Acceptable):
 5607 Killarney Ave
 City: Fort Pierce FL Zip Code: 34951

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

Henry Gross
 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered agent signature required when reinstating) DATE 5-1-02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Henry Gross	5607 Killarney Ave	Fort Pierce, FL 34951	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td> </td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY-ST-ZIP	☐ Change	☐ Addition
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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: Henry Gross
 Date: 5-1-02
 Daytime Phone: 772-468-3183

CPRE034 (9/01)