

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90059 006 ***150.00

DOCUMENT # P01000041368

1. Entity Name

SUNSTATE WELDING SUPPLY INC.

Principal Place of Business

**4400 HIGHWAY 19A
 UNIT 8 AND 10
 MOUNT DORA FL 32757**

Mailing Address

**4400 HIGHWAY 19A
 UNIT 8 AND 10
 MOUNT DORA FL 32757**

2. Principal Place of Business

4400 Highway 19A

3. Mailing Address

4400 Highway 19A

Suite, Apt. #, etc.

Unit 8

Suite, Apt. #, etc.

Unit 8

City & State

Mount Dora Florida

City & State

Mount Dora, Florida

4. FEI Number

52-2312856

Applied For

☐ Not Applicable

Zip

32757

Country

USA

Zip

32757

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHANCEY, KEVIN S
 902 STARKE LAKE CIRCLE
 OCOEE FL 34761**

7. Name and Address of New Registered Agent

Name **Ricky D. Chancey**
 Street Address (P.O. Box Number is Not Acceptable)
2190 Southland Road
 City **Mount Dora** **FL** Zip Code **32757**

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

Ricky D. Chancey
 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)

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**
 Trust Fund Contribution. ☐ **Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHANCEY, KEVIN S	
STREET ADDRESS	902 STARKE LAKE CIRCLE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHANCEY, ANGELA K	
STREET ADDRESS	902 STARKE LAKE CIRCLE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANCEY, RICKY D	
STREET ADDRESS	2190 SOUTHLAND ROAD	
CITY-ST-ZIP	MOUNT DORA, FL 32757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ricky D. Chancey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

352-483-5500

Daytime Phone #

CR2E034 (9/01)