

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000069132

1. Entity Name
FLECK CUSTOM WELDING, INC.



Principal Place of Business
6089 LEE ANN LANE
NAPLES FL 34109-6231

Mailing Address
6089 LEE ANN LANE
NAPLES FL 34109-6231

2. Principal Place of Business

3. Mailing Address

1540 16th St. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL

Zip

Country

Zip
34120-3477

Country
USA

4. FEI Number 59-3738390

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, E. GLENN
SUN BANK CENTRE, STE 204
950 N COLLIER BLVD
MARCO ISLAND FL 33937

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 P
NAME FLECK, CLARENCE A
STREET ADDRESS 6089 LEE ANN LANE
CITY-ST-ZIP NAPLES FL 34109-6231 ☐ Delete

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

TITLE VST
NAME FLECK, SUSAN A
STREET ADDRESS 6089 LEE ANN LANE
CITY-ST-ZIP NAPLES FL 34109-6231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Susan Fleck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

3/27/03 (239) 597-0445



CR2E034 (10/02)

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