

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90116 008 ***150.00

DOCUMENT # P01000073593

1. Entity Name

WELDING ERECTION OF STEEL, INC.

Principal Place of Business

Mailing Address

~~110 WEST ORANGE STREET~~
ALTAMONTE SPRINGS FL 32714

~~110 WEST ORANGE STREET~~
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

120 AUTUMN DRIVE

120 AUTUMN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD FL

LONGWOOD FL

Zip

Country

Zip

Country

32779

32779

4. FEI Number

59-3714313

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22ND STREET

4TH FLOR

MIAMI FL 33145

Name

JAMES MASON

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

120 AUTUMN DRIVE

City

LONGWOOD

FL

Zip Code

32779

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MASON, JAMES ☐ Delete
~~110 WEST ORANGE STREET~~
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
120 AUTUMN DRIVE
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
MASON, JEAN ☐ Delete
~~110 WEST ORANGE STREET~~
ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
120 AUTUMN DRIVE
LONGWOOD FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

JAMES MASON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

407 719-1934
 Daytime Phone #

CR2E034 (9/01)