

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91234 004 ***150.00

DOCUMENT # P01000081583

1. Entity Name

CAJUN WELDING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5481 LAGOON DRIVE

Suite, Apt. #, etc.

3. Mailing Address
5481 LAGOON DRIVE

Suite, Apt. #, etc.

City & State
DANIA BEACH FL

City & State
DANIA BEACH FL

4. FEI Number
65-0970441

Applied For
Not Applicable

Zip
33312

Country

Zip
33312

Country

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CECELIA A. MARCEAUX

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

5481 LAGOON DRIVE

City DANIA BEACH FL Zip Code
33312

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 *CECELIA A. MARCEAUX*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
D. P. S. T
CECELIA A. MARCEAUX
STREET ADDRESS
5481 LAGOON DRIVE
CITY - ST - ZIP
DANIA BEACH FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
VP
Charles MARCEAUX
STREET ADDRESS
5481 LAGOON DRIVE
CITY - ST - ZIP
DANIA BEACH FL 33312

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

CECELIA A. MARCEAUX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CECELIA A. MARCEAUX

Date

Daytime Phone #

4-29-02

*954
983
3023*

CR2E034B (12/01)