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

## FILED May 24, 2002 8:00 am Secretary of State

4 Entity Marga	VIENT # PO 1000			05-24-2	002 91326 003 ***150.00	
Sur	nshine Welding	Service C	orp.			
DO NOT WRITE IN THIS SPACE				668148		
	ace of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·	·		
Suite, Apt. #, etc. Suite. Apt. #, etc.			oth Ave E	DO NOT WRITE IN THIS SPACE		
City & State Palmetto, Palmetto, 1			FL	4. FEI Number 65-136671	Applied For Not Applicable	
Zip 342	Country	Zip 3 V 2-2-1	Country Manatee	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current F	Registered Agent	
DO NOT WRITE				ss (P.O. Box Number is Not Acceptable)		
IN THIS SPACE			3-8			
			3-307	City O		
			"raimo	+10	FL Zip Code 3 4 3 3 1	
a. The above r	named entity submits this statement for	the purpose or changing its	registered office of register	ed agent, or both, in the State of Fior	ica.	
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOT)	E: Registered Agent signature required	when reinstating)	DATE	
9. This corpor	ration is eligible to satisfy its Intangible	January 1 - N	lay 1 Fee is \$150.00	* Y .		
Tax filing requirement and elects to do so.  Amended UBR			1, Fee is \$550.00 If UBR is \$61,25 lie to Department of Stal	10. Election Campaign Fina Trust Fund Contribution.		
11.	OFFICERS AND D					
TITLE	Larman III		IIT.E		100	
STREET ADDRESS	ss 3308 36th Ave. E.		STREET ADDRESS	5.		
TITLE :	Palmetts, FL 3	1221	CIY-ST-AP.			
NAME	Paul J Richter		NAME		je i i i i i i i i i i i i i i i i i i i	
STREET ADDRESS CITY-ST-ZIP	1 1 1 1 2 LO 4 604% St. C.			EFT ADDRESS Y-SI-20P		
TITLE	<		nne			
NAME STREET ADDRESS -	The state of the s			STREET ADDRESS BY THE STREET BY THE		
CITY-ST-ZIP	Palmetto, FL 342	(	CITY ST MP	DO NOT I	NRIIE	
TITLE			TITLE	IN THIS S	PACE	
STREET ADDRESS			STREET ADDRESS			
TITLE	<u>.</u>		CHY-ST-ZP?			
NAME			NAME TO THE REPORT OF THE PERSON OF THE PERS			
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS			
TILE			me in the second			
NAME. STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP		<u> </u>	CITY-SI-MP			
13. Thereby ce	ertify that the information supplied with the on this report or supplemental report is t	his filing does not qualify for	the exemption stated in Se	ction 119.07(3)(i), Florida Statutes. I f	urther certify that the information	

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.