

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90083 017 ***158.75

DOCUMENT # **P01000094692**

1. Entity Name

Boulder Welding, Heavy Truck and RV Repair, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4005 Capron Rd

3. Mailing Address

P.O. Box 5744

Suite, Apt. #, etc.

Blky #1

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32780

Country

Brevard

Zip

32783

Country

Brevard

4. FEI Number

59-3746308

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Jeffrey P. Main

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

707 Isar Ave. N.W.

City

Palm Bay

FL

Zip Code

32907

DO NOT WRITE IN THIS SPACE

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

Jeffrey P. Main

JEFFREY P. MAIN PRESIDENT

4/28/02

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) ☐

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
STREET ADDRESS
CITY-ST-ZIP
**P
Jeffrey P. Main
707 Isar Ave N.W.
Palm Bay FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VITIS/OIC/M
Sandra Main
707 Isar Ave N.W.
Palm Bay, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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:

Jeffrey P. Main

JEFFREY P. MAIN

4/28/02

Date

321-383-0881

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)