FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

Jan 17, 2006 08:00 AM Secretary of State

UNIFO	RM BUSINE	SS REPORT (UBF	₹)	Secretar	y of State
DOCUMENT # 1. Entity Name	# P0400000481	3				,
MICHAEL'S MOBILE	WELDING, INC.					
DO N	OT WRITE	IN THIS S	PA	CE	U0000 038 83: 01/19/05-8007:	[] 3-021 150 00
2. Principal Place of Business 3457 EVE DR W		3. Mailing Address			}	2 261 100100
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-1215050		
JACKSONVILLE, FL Zip	Country	Zip	Co	untry	5. Certificate of Status Desired	\$8.75 Addition
32246-4780				7 Nam	ne and Address of Current R	Fee Required
			Name			egistered Agent
DO NOT W		DITE		體MICHAEL J. MORRISON		
	最近2.50g a 3.50g a 3.5 g	Street Add		dress (P.O. Box Number is Not Acceptable)		
	N THIS SE	ACE				
				City		Zip Code
				JACKSONVII	LLE -	- 32246
8. The above name	d entity submits this	statement for the purp id accept the obligatio	iose of	changing its i	registered office or registered	agent, or both, in the
	ann fairmear with, ar	ia accept the abilgatio	(19 9) 1	edisteren adet	64,	
SIGNATURE	ure, typed or printed name	of registered agent and title	f applica	ble, (NOTE: Regi	stered Ägent signature required when r	einstating) DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May 8 Trust Fund Contribution. Added to Fer		
Make Check Payable 10.	e to Florida Departs OFFICERS A	nent of State ND DIRECTORS	1 11.			
TITLE	D		19.11	TLE CONTRACTOR		
NAME STREET ADDRESS	MORRISON, MICH 3457 EVE DR W	IAEL J.		NE REET ADDRES		
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12. I hereby certify that	the information supplied	with this filing does not or	alify for	the exemption s	tated in Section 119.07(3)(i), Florid	a Statutes. I further
certify that the inform	nation indicated on this	report or supplemental rep	ort is tn	ue 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 on an attachment with an address, with all other like empowered.