

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

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90022 028 ***150.00

DOCUMENT # P04000004813	
1. Entity Name	
MICHAEL'S MOBILE WELDING, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3457 EVE DR W	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State JACKSONVILLE, FL	City & State	4. FEI Number 65-1215050	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32246-4780	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MORRISON, MICHAEL J.	
Street Address (P.O. Box Number is Not Acceptable) 3457 EVE DR W	
City JACKSONVILLE	FL
Zip Code 32246	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE D	NAME MORRISON, MICHAEL J.	TITLE	
STREET ADDRESS 3457 EVE DR W		NAME	
CITY-ST-ZIP JACKSONVILLE, FL 32246		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	
NAME		TITLE	
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STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MICHAEL J. MORRISON** **2/10/2007** **904 928-9474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #