

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018594

1. Entity Name

HANDY WELDING SERVICE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90350 048 ***150.00

Principal Place of Business

1876 DR ANDRE'S WAY
UNIT 96- BOX 1
DELRAY BEACH FL 33445
US

Mailing Address

1876 DR ANDRE'S WAY
UNIT 96- BOX 1
DELRAY BEACH FL 33445
US

2. Principal Place of Business

1876 DR. ANDRE'S WAY

Suite, Apt. #, etc.

UNIT #96

City & State

DELRAY BEACH, FL.

Zip

33445

Country

U.S.A.

3. Mailing Address

1876 DR. ANDRE'S WAY

Suite, Apt. #, etc.

UNIT #96

City & State

DELRAY BEACH, FL.

Zip

33445

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0394064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, KAREN S
20801 BISCAYNE BLVD
SUITE 501
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D
NAME SIMON, A E ☐ Delete
STREET ADDRESS 2620 NW 10TH ST
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D
NAME SIMON, ELSIE ☐ Delete
STREET ADDRESS 2620 NW 10TH ST
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VP
NAME SIMON, SPENCER ☒ Delete
STREET ADDRESS 2620 N.W. 10ST
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRES ☒ Change ☐ Addition
NAME SIMON SPENCER
STREET ADDRESS 8837A S.W. 19TH ST.
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Spencer Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SPENCER SIMON VICE PRES 4/19/01 561-265-0096

Date

Daytime Phone #

CR2E034 (10/00)