

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90183 022 ***150.00

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DOCUMENT # P93000018594

1. Entity Name
HANDY WELDING SERVICE, INC.



Principal Place of Business
**1878 DR. ANDRE'S WAY
UNIT 47
DELRAY BEACH FL 33445
US**

Mailing Address
**1878 DR. ANDRE'S WAY
UNIT 47
DELRAY BEACH FL 33445
US**



2. Principal Place of Business

HANDY WELDING SERV. INC.

3. Mailing Address

HANDY WELDING SERV. INC.

Suite, Apt. #, etc.

8837A S.W. 19TH ST.

Suite, Apt. #, etc.

8837A S.W. 19TH ST.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL.

Zip

33433

Country

P.B.C.

Zip

33433

Country

P.B.C.

4. FEI Number

65-0394064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE **VP** ☐ Delete
NAME **SIMON, SPENCER**
STREET ADDRESS **8837A SW 19TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SPENCER SIMON** **RESIGNED** **SIMON VICE PRES** **4/16/03** **561-445-9381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)