

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90016 036 ***150.00

DOCUMENT # P93000029916

1. Entity Name

G-N-C WELDING AND PIPING, INC.

Principal Place of Business

5850 S MILITARY TRAIL
#39
LAKE WORTH FL 33463
US

Mailing Address

5850 S MILITARY TRAIL
#39
LAKE WORTH FL 33463
US

2. Principal Place of Business

PO Box 32082

3. Mailing Address

PO Box 32082

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Bch, FL

City & State

West Palm Bch, FL

4. FEI Number

65-0406615

Applied For

Not Applicable

Zip

Country

33420-2082 US

Zip

Country

33420-2082 US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINCUL, GARY
5850 S MILITARY TRAIL #39
LAKE WORTH FL 33463

address change →

Name

Gary Lincul

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

2112 S. Suzanne Circle

City

Juno Bch,

FL

Zip Code

33408

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME LINCUL, GARY
STREET ADDRESS 5850 S MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS PO Box 32082
CITY-ST-ZIP WPB, FL 33420-2082

TITLE P
NAME LINCUL, CONNIE
STREET ADDRESS 5850 S MILITARY TRAIL
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS PO Box 32082
CITY-ST-ZIP WPB, FL 33420-2082

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Constance Lincul
Constance Lincul

1-8-01

561-691-5623

CR2E034 (10/00)