

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087281

1. Entity Name

WELDING AND METALLURGICAL EQUIPMENT, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90075 025 \*\*\*150.00

Principal Place of Business

Mailing Address

119 HOLLYWOOD BLVD. NW  
SUITE 13  
FT WALTON BEACH FL 32548  
US

P O BOX 4154  
FT. WALTON BEACH FL 32549-4154  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0453378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TORCIVIA, GLEN J  
250 AUSTRALIAN AVE S  
SUITE 1504  
WEST PALM BEACH FL 33401

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, 2000 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 ☐ Delete  
NAME DS  
STREET ADDRESS BRAUGHT, WILLIAM G  
CITY-ST-ZIP 770 LORI DRIVE, 246  
PALM SPRINGS FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33461

TITLE ☐ Delete  
NAME DT  
STREET ADDRESS PRESZ, LINDA  
CITY-ST-ZIP 770 LORI DRIVE, 246  
PALM SPRINGS FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 33461

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS LACEY, JOHN  
CITY-ST-ZIP ~~2410 SALAMANCA STREET~~  
NAVARRE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7986 Old Ebenezer Rd.  
CITY-ST-ZIP LAUREL HILL, FL 32567

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS GAJDUSEK, ERNEST  
CITY-ST-ZIP 4589 TOP FLIGHT DR  
CRESTVIEW FL

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 32539

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00  
Date

850-244-1665  
Daytime Phone #