

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90124 023 ***150.00

DOCUMENT # P93000087281

1. Entity Name

WELDING AND METALLURGICAL EQUIPMENT, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0453378**

Applied For

Not Applicable

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****TORCIVA, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DS BRAUGHT, WILLIAM G 770 LORI DRIVE, 246 PALM SPRINGS FL 33461	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT PRESZ, LINDA 770 LORI DRIVE, 246 PALM SPRINGS FL 33461	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV LACEY, JOHN 7986 OLD EBENEZER RD LAUREL HILL FL 32567	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DP GAJDUSEK, ERNEST 4589 TOP FLIGHT DR CRESTVIEW FL 32539	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ernest Gajdusek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
Date850-244-1665
Daytime Phone #

CR2E034 (10/00)