

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90052 012 ***150.00

DOCUMENT # P95000032942

1. Entity Name

RB WELD, INC.



Principal Place of Business

2891 GRUMAN CT
DAYTONA BEACH FL 32128

Mailing Address

2891 GRUMAN CT
DAYTONA BEACH FL 32128

2. Principal Place of Business

2891 Gruman Ct
Suite, Apt. #, etc.

3. Mailing Address

2891 Gruman Ct
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Port Orange, FL
Zip Country
32128 USA

City & State

Port Orange, FL
Zip Country
32128 USA

4. FEI Number

59-3317553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAN, ROBERT E
2891 GRUMAN CT
DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

Name
Bean, Robert E.
Street Address (P.O. Box Number is Not Acceptable)
2891 Gruman Ct
City Port Orange FL Zip Code 32128

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 BEAN, ROBERT E
STREET ADDRESS 2891 GRUMAN CT
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE D ☐ Delete
NAME BEAN, SARAH
STREET ADDRESS 2891 GRUMAN CT
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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:

Robert E. Bean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-386-788-3766
01-14-03

Date

Daytime Phone #