

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 030 ***150.00

DOCUMENT # P95000033041

1. Entity Name
LEVY WELDING, INC.



Principal Place of Business
**14131 NE HWY 27 ALT
WILLISTON FL 32696**

Mailing Address
**PO BOX 165
WILLISTON FL 32696**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3273733**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOLLIN, WAYNE S
14131 N.E. HIGHWAY 27 ALT.
WILLISTON FL 32696**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FOLLIN, WAYNE S**
STREET ADDRESS **7291 NE HWY 41**
CITY-ST-ZIP **WILLISTON FL 32696**

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

TITLE **VP** ☒ Delete
NAME **BEWS, RONALD J**
STREET ADDRESS **5791 NE 139TH TERR.**
CITY-ST-ZIP **WILLISTON FL 32696**

TITLE ☐ Change ☒ Addition
NAME **Darlene J. Follin**
STREET ADDRESS **PO Box 165**
CITY-ST-ZIP **Williston, FL 32696**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Wayne S. Follin** 7-25-03 352-528 0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80138621

P95000033041

FLA Dept of State Div of CORPORATIONS

As a Corp of good standings for the
last 8+ years. We did not receive
our renewal form. What we did
receive was a form with a \$400.00
late fee. Please take into consideration
our good standing & waive the late
fee.

Thank You

Levy Wending INC

Wayne J. Gulli