## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P95000068758 **DOCUMENT #**

1. Entity Name



## **FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90080 021 \*\*\*150.00

TABLE WELDING, INC	<b>)</b> .								
Principal Place of Business 4611 \$ UNIVERSITY DR #430 DAVIE FL 33328 US		Mailing Address 4611 S UNIVERSITY DR #430 DAVIE FL 33328 US							
Place of Business	3. Mail	ing Address		-		È 100 (100 110 110 1010 1010)   \$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-0603171 Applied For Not Applicable				
Country	Zip		Country		<b>5.</b> Ce	ertificate of Status Desired		3.75 Add	ditional
6. Name and Address of (	Current Registere	d Agent			7. Na	me and Address of New Registe			
g est. San						1			
:			Street A	Address (P	O. Box	Number is Not Acceptable)			
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ST HANCHES FL 33331									
· · · · · · · ·			City				FL	Zip Cod	e
	ement for the purpo	ose of changing its re	egistered office o	r registere	d agen	at, or both, in the State of Florida.	l am fan	niliar with,	and accept
Signature, typed or printed name of registe	ered agent and title if appl	icable. (NOTE: F	Registered Agent signa	ture required v	vhen reins	stating) D	PATE		
r May 1, 2003 Fee will be \$5	550.00					Election Campaign Financing     Trust Fund Contribution.	g 🗆		<b>0</b> May Be I to Fees
1			11.		ADDI	ITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	S IN 11
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			NAME						
	1 22224		STREET ADDRESS						
	L 33331	<b>5</b>	·	1.0					F
BISOGNA, GARRETT 18299 SW 68 CT	L 33331	<b>M</b> Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	BIS 180	0 <del>6,</del> 99	NO, KIMBERLY SW G8 CT WEST RANCHE			☐ Addition
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	Ce of Business RSITY DR  28  Place of Business  #, etc.  te  Country  6. Name and Address of 6  GARRETT  68 CT  EST RANCHES FL 33331  e named entity submits this state tions of registered agent.  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150 or May 1, 2003 Fee will be \$1 k Payable to Florida Depart  OFFICEF  BISOGNO, GARRETT 18299 SW 68 CT  VS BISOGNA, GARRETT 18299 SW 68 CT	Place of Business  Place of Business  The etc.  Country  Country	Ce of Business RRSITY DR 4611 S UNIVERSITY DR 4430 DAVIE FL 33328 US Place of Business  3. Mailing Address #, etc.  Country  Country  Zip  6. Name and Address of Current Registered Agent  GARRETT  GARRETT  GARRETT  For parmed entity submits this statement for the purpose of changing its retions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State  OFFICERS AND DIRECTORS  P BISOGNO, GARRETT 18299 SW 68 CT SOUTHWEST RANCHES FL 33331  Delete  Delete  Delete  Delete	Ce of Business RSITY DR 4611 S UNIVERSITY DR 4430  28  DAVIE FL 33328 US  Place of Business  3. Mailing Address  4611 S UNIVERSITY DR 4430  DAVIE FL 33328 US  Place of Business  3. Mailing Address  4. etc.  Suite, Apt. #, etc.  10  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  Street A  GARRETT  A Street A  City & State  City  Country  Country  6. Name and Address of Current Registered Agent  Name  Street A  Street A  City  Paramed entity submits this statement for the purpose of changing its registered office of the country of the country submits of the purpose of changing its registered Agent signal for the purpose of changing its registered Agent signal for May 1, 203 Fee will be \$550.00  In May 1, 203 Fee	De of Business RSITY OR 4611 S UNIVERSITY DR 4430 DAVIE FL 33328 US Place of Business 3. Mailing Address BUS  JAMIE FL 33328 US  3. Mailing Address  JAMIE FL 33328 US  JAMIE FL 33331  City  Country  6. Name and Address of Current Registered Agent  Name  Street Address (F  STREET ADDRESS  CITY-ST-2IP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  Delete  STREET ADDRESS  CITY-ST-2IP	De of Business RSITY OR 4611 \$ UNIVERSITY DR 4430  28 DAVIE FL 33328 US Place of Business 3. Mailing Address 4. Fet Country 5. Country 6. Name and Address of Current Registered Agent Name CARRETT ST RANCHES FL 33331  City 1. City Signature, typed or printed rame of registered agent and this if applicable.  Payable to Florida Department of State OFFICERS AND DIRECTORS PAYABLE TO SIGNAL, GARRETT 18299 SW 68 CT SOUTHWEST RANCHES FL 33331  VS SIGNAL, GARRETT 18299 SW 68 CT SOUTHWEST RANCHES FL 33331  Delete  TITLE NAME SIRET ADDRESS CITY-ST-ZP SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE TIT	Mailing Address #RRTY OR 4811 S INWERSTY DR 4411 S INWERSTY DR 4430  Bay Daw E R 3328  US Place of Business  3. Mailing Address  4. FEI Number 65-0603171  Country  Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Sinear and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  FRANCHES FL 33331  City Street Address (P.O. Box Number is Not Acceptable)  FRANCHES FL 33331  City Signeurs, history or preed name of registered agent and title disposable.  ### OPPOSED FRANCHES FL 33331  ### OPPOSE	Device of Business #ASITY OR #ASI S UNWERSITY OR #ASI SUNWERSITY OR #ASI DAWE R. 33288 US Place of Business  3. Mailing Address US Place of Business  3. Mailing Address  4. FEI Number 65-0603171  Country  Zip Country  Zip Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Fig.  Stroct Address (P.O. Box Number is Not Acceptable)  ST RANCHES FL 33331  City FL  Suprilur, hyorid oriented errend registered agent and dish if spiciation.  ### HE NOW!! FEE IS \$150.00  ### May 1, 2003 Fee will be \$550.00  ### Now III FEE IS \$150.00  ### Now III FEE IS \$150.00  ### OFFICERS AND DIRECTORS  ### Delete  ### Delete  ### Delete  ### ITTLE  ### NAME ### SIBSOGNO, GARRETT ### 12295 W 68 CT  ### SOUTHWEST RANCHES FL 33331  **Page 1	Making Address #ABITY OR #41 S UNIVERSITY DR #430  DAVIE FL 33238  DAVIE FL 33238  DAVIE FL 33238  DAVIE FL 33238  # etc.   Sullo, Apt. #, clic.   CHECK HERE IF MAKING CHANGES    Ite   CRy & State   4. FEI Number #5-0603171   Av.    Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Abt    For Fourtre   For Fourtre    6. Name and Address of Current Registered Agent   Name    6. Name and Address of Current Registered Agent   Name    6. CARRETT   Name and Address of New Registered Agent   Name    6. CARRETT   State   State   State   State    For Fourtre   State   State   State    City   FL   Zip Cod    City   FL   Zip Cod    City   FL   Zip Cod    City   FL   Zip Cod    Family and Part   State   State    For Fourtre   State   State    For Fourtre   State   State    For Fourtre   State   State   State    City   FL   Zip Cod    City   FL   Zip Cod    City   FL   Zip Cod    Full Flower   State   State   State    Free Translation   State   State   State    Free Translation   State   State   State    City   FL   Zip Cod    City   FL   Zip Cod    Free Translation   State   State   State    Free Translation   State   State    City   FL   Zip Cod    City   FL   Zip Cod    City   FL   Zip Cod    Free Translation   State   State   State    Free Translation   State   State   State   State    Free Translation   State   State   State   State   State   State   State   State   State    Free Translation   State   Sta

nereby 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.