

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000081943**

1. Entity Name

RAULERSON WELDING AND FABRICATION, INC.**FILED**
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90110 006 ***150.00

Principal Place of Business

Mailing Address

ECTOR RD.
JACKSONVILLE FL 32211**1834 ECTOR RD.**
JACKSONVILLE FL 32211-4705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3375251**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above, _____, is the registered agent, or both, in the State of Florida.

SIGNATURE: _____

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 State10. 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
P	RAULERSON, VERNON H	1834 ECTOR RD	JACKSONVILLE FL				
VP	RAULERSON, SUSIE K	1834 ECTOR RD	JACKSONVILLE FL				
S	WINGATE, JULIE A	10816 RED BASS DR	JACKSONVILLE FL				
T	RAULERSON, DARREN L	1834 ECTOR RD	JACKSONVILLE FL				
MD	RAULERSON, REGINA L	1834 ECTOR RD	JACKSONVILLE FL				

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: VERNON H. RAULERSON SR.
VERNON H. RAULERSON SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/26/2000 904-743-3246**
Date Daytime Phone #

CR2E034 (9/99)