

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081943

1. Entity Name

RAULERSON WELDING AND FABRICATION, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90111 001 ***150.00

Principal Place of Business

1834 ECTOR RD.
JACKSONVILLE FL 32211

Mailing Address

1834 ECTOR RD.
JACKSONVILLE FL 32211

2. Principal Place of Business

5152 PAPA FRASER RD.

3. Mailing Address

5152 PAPA FRASER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MACclenny FL

City & State

MACclenny FL

Zip

32063

Country

BAKER

Zip

32063

Country

BAKER

6. Name and Address of Current Registered Agent

RAULERSON, VERNON H SR.
1834 ECTOR RD.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

VERNON RAULERSON WELDING & FAB. INC.
Street Address (P.O. Box Number is Not Acceptable)
5152 PAPA FRASER RD.
VERNON H. RAULERSON SR
City MACclenny FL Zip Code 32063

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

Vernon H. Raulerson Sr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)*

DATE

4/2/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RAULERSON, VERNON H	
STREET ADDRESS	1834 ECTOR RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAULERSON, SUSIE K	
STREET ADDRESS	1834 ECTOR RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINGATE, JULIE A	
STREET ADDRESS	10816 RED BASS DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAULERSON, DARREN L	
STREET ADDRESS	1834 ECTOR RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	RAULERSON, REGINA L	
STREET ADDRESS	1834 ECTOR RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01 (904) 653-1565

DATE Daytime Phone #

CR2E034 (10/00)

049168