

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031401

1. Entity Name

ARC ON WELDING, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90001 032 ***150.00

Principal Place of Business

Mailing Address

5319 SUNWOOD RD
PANAMA CITY FL 32404

5319 SUNWOOD RD
PANAMA CITY FL 32404-5316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3441890

Applied For

☒ Not Applicable

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

SUGGS, LARRY
5319 SUNWOOD RD
PANAMA CITY FL 32404

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State

10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SUGGS, LARRY	5319 SUNWOOD RD	PANAMA CITY FL 32404	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	KILUNWORTH, J	7302 CAMPFLOWERS RD	YOUNGSTOWN FL 32466	<input type="checkbox"/> Delete	✓	KILLINGSWORTH, J	7302 CAMPFLOWERS RD	YOUNGSTOWN FL 32466	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S	DOPUN, M	610 E 5TH ST	LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Delete	S	SUGGS, KIMBERLY	5319 SUNWOOD RD	PANAMA CITY FL 32404	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	STEE, KENNETH	13717 MASHBURN RD	YOUNGSTOWN FL 32466	<input checked="" type="checkbox"/> Delete	T	SUGGS, JASON	20804 HURST RD	FOUNTAIN, FL 32438	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 850-7841832

CR2E034 (9/99)