APR-5-00 WED 2:32 PM ACCOUNTING, CO. FAX NO. 954

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State
04-11-2000 90286 005 ***150.00

DOCUMENT # P97000073533

1. Entity Name

PETE'S WELDING SERVICES INC.

Principal Place of Business	Mailing Address
% MITCHELL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592	% MITCHELL A. SILVER & CO. P.O. BOX 22-3592 HOLLYWOOD FL 33022-3592

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0778618 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KONDRACKI, MARJORIE
~~5900 JOHNSON ST.~~
~~HOLLYWOOD FL 33021-5638~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) ~~P.O. Box 22-3592~~
2648 Wilson Street

City Hollywood FL Zip Code 33022

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	PSO KONDRACKI, MARJORIE 17722 68TH ST. N. LOXAHATCHEE FL 33470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Pete Kondracki 17722 68th St N Loxahatchee, FL 33470	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

X [signature] X
SIGNATURE Date