

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009318

1. Entity Name

WELDTech COMPANY

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

01-24-2000 90095 043 ***150.00

Principal Place of Business

Mailing Address

251 CRESTVIEW DRIVE
CLERMONT FL 34711

251 CRESTVIEW DRIVE
CLERMONT FL 34756-3602

2. Principal Place of Business

16445 C.R. 455
Suite, Apt. #, etc.

3. Mailing Address

16445 C.R. 455
Suite, Apt. #, etc.

City & State

Montverde FL

Zip

34756

Country

Lake

City & State

Montverde FL

Zip

34756

Country

Lake



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3490992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARREN, MARIA
251 CRESTVIEW DRIVE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

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

16445 C.R. 455

City

Montverde

FL

Zip Code

34756

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-2000

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	WARREN, MARIA	
STREET ADDRESS	251 CRESTVIEW DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARREN, WILLIAM C	
STREET ADDRESS	251 CRESTVIEW DRIVE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16445 CR 455	
CITY-ST-ZIP	Montverde FL 34756	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	16445 CR 455	
CITY-ST-ZIP	Montverde FL 34756	
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:

Maria Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA WARREN PRESIDENT

Date

1-14-2000

Daytime Phone #

(407) 469-4499

CR2E034 (9/99)