2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000081065 1. Entity Name SOUTHERN CERTIFIED WELDING, INC.

3/24

FILED May 15, 2000 8:00 am Secretary of State

Country Zip Country S. Certificate of Serious Desired Set 75 Applicational Fee Required Set 75 Applicational Set 75 Application								03-24-20	000 9008	80 004 *	**150.00
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Country	City & State		City & State	- , , , _ 	4. FEI	4. FEI Number 59-3533602					
HAZZARD, ERIC D 15629 KENSINGTON TRAIL CLERMONT FL 34711 City City FL Zip Code The above named gailty submits interest statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. NATURE:	Zip	Country	Zip	Coun	itry	5. Cei	rtificate of Status E	Desired		8.75 Addi	tional
HAZZARD, ERIC D 15629 KENSINGTON TRAIL CLERMONT FL 34711 City FL Zip Code The above named garity submils this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of changing its registered agent, or both, in the State of Forda. **This Cofformation is designed to garders again and 50% a sequence of the state of the		6. Name and Address of Curren	Registered Agent			7. Nar	ne and Address	of New Reg	stered Ag	ent	
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OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 E	lax filing requ	ion is eligible to satisty its intangib uirement and elects to do so: 323	FILE NOW After MAY 1, 20	III.EEE	IS \$150.00 Q Will be \$550.0		Medical Cam	ipaign Finan	DATE	\$5.00	May Bart
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STREET ADDRESS 2. 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.	LE ME		☐ Delnts	TIT NA	1.E ME					Change	Addition
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.	REET ADDRESS	re signed as a series of the s	gray more than the second of t			** * * * * * * * * * * * * * * * * * * *	and some and a second s		·	`	·
SIGNATURE: DESCRIPTION PROPERTY DATE DESCRIPTION DATE DESCRIPTION DE LA CONTROL DE DESCRIPTION DE LA CONTROL DE LA CONTR	indicated or of the corpo	n.this report or supplemental repor oration or the receiver or trustee en	t is true and accurate and that powered to execute this repor	my sign rt as requ	emption stated i ature shall have uired by Chapter	n Section 1 the same le 607. Florid	19.07(3)(i), Florida gal effect as if ma a Statutes, and the	Statutes: 1,f de under oa at my name	urther cetti ith; that I a appears in	ify that the in m an officer Block 11 or	formation or director Block 12 it
	SIGNATU	JRE: ASSAURE AND THE DE	PRINTED NAME OF SIGNING OFFICE	R OR DIRE	CTOR		1-19-00 Date	the contraction	Da	sytime Phone #	