

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **9900000716**

1. Entity Name  
**HIGH PowerWELDING & DESIGN INC.**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90032 014 \*\*\*150.00

Principal Place of Business  
**1210 Roebuck Court**  
**W.P.B., FL**

Mailing Address  
**P.O. Box 7635**  
**W.P.B., FL.**  
**33405**

2. Principal Place of Business  
**1210 Roebuck Court**

3. Mailing Address  
**P.O. Box 7635**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**W.P.B., FL.**

City & State  
**W.P.B., FL.**

Zip  
**33**

Country  
**U.S.A.**

Zip  
**33405**

Country  
**U.S.A.**

4. FEI Number **55. #**  
**267-47-4996**

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MARK B. FIVES**  
**6286 PINESTAD DR. #120**  
**LAKE WORTH, FL. 33463**

7. Name and Address of New Registered Agent

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 **Mark B. Fives** **05-18-00**

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

TITLE **PRESIDENT** ☐ Delete

NAME **MARK B. FIVES**

STREET ADDRESS **6286 PINESTAD DR. #120**

CITY-ST-ZIP **LAKE WORTH, FL 33463**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **Mark Fives / MARK B. FIVES** **05-18-00** **(561) 906-7291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)