

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90225 048 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                            |                                                                          |                                                                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000001716</b><br>1. Entity Name<br><b>HIGH POWER WELDING AND DESIGN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                            |                                                                          |                                                                                       |  |
| Principal Place of Business<br><b>1210 ROEBUCK COURT<br/>WEST PALM BEACH, FL 33405</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                            | Mailing Address<br><b>131 HERITAGE WAY<br/>WEST PALM BEACH, FL 33407</b> |                                                                                       |  |
| 2. Principal Place of Business<br>State, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     | 3. Mailing Address<br>State, Apt. #, etc.<br>City & State<br>Zip Country                                                   |                                                                          | <br><input type="checkbox"/> CHECK HERE IF MAKING CHANGES                             |  |
| 4. FEI Number<br><b>65-0997202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                                                                                            |                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$2.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                                                                                            |                                                                          | 7. Name and Address of New Registered Agent                                           |  |
| 6. Name and Address of Current Registered Agent<br><b>FIVES, MARK<br/>131 HERITAGE WAY<br/>WEST PALM BEACH, FL 33407</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                                                            |                                                                          | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                            |                                                                          |                                                                                       |  |
| SIGNATURE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable) (VOSE Registered Agent Signature required when submitting)</small> DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                                                            |                                                                          |                                                                                       |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                                                                                            |                                                                          | 10. OFFICERS AND DIRECTORS                                                            |  |
| 10. OFFICERS AND DIRECTORS<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                          |                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PD<br>FIVES, MARK B<br>6206 PINESTAD DR 120<br>LAKE WORTH, FL 33463 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                                       |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 609, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an address, with all other lines empowered. |                                                                     |                                                                                                                            |                                                                          |                                                                                       |  |
| SIGNATURE: <i>Mark Fives</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | 5-14-03 561906-7291                                                                                                        |                                                                          |                                                                                       |  |

CR2E034 (10/02)

*Attachment*

80120003  
#P99000001716

**High Power Welding & Design Inc.**

131 Heritage Way W.P.B., Fl. 33407

(561) 906-7291 Fax: (561) 478-8349

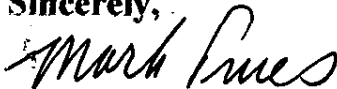
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

05/14/03

To whom it may concern,

I spoke to a young lady in your office this morning and informed her that I never received a 2003 UBR in the mail and therefore missed the May 1 deadline. She informed me that it had been mailed to the 1210 Roebuck Court address, which are non-functioning boxes due to theft in the area. The Roebuck address is the actual building I do my work in, but I use the Heritage way address for all my mail. I was instructed go ahead and download a form from your web site and to mail the \$ 150.00 fee. Thank you for your consideration in this matter and I hope I haven't cause too much of a problem.

Sincerely,



Mark Fives (President)  
High Power Welding & Design Inc.