

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90233 034 \*\*\*158.75

06/05/716 AV

**DOCUMENT # P99000025881**



1. Entity Name  
**AMERICAN WELDING & DESIGN, INC.**

Principal Place of Business  
**3197 NW 20TH TRAIL  
OKEECHOBEE FL 34672**

Mailing Address  
**2601 NW 33RD AVENUE  
OKEECHOBEE FL 34972**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**2601 NW 33rd Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**2601 NW 33rd Ave**  
Suite, Apt. #, etc.

City & State  
**Okeechobee FL**

City & State  
**Okeechobee FL**

4. FEI Number  
**65-0900294**

Applied For  
 Not Applicable

Zip Country  
**34972 Okeechobee**

Zip Country  
**34972 Okeechobee**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
2843 THAXTON DRIVE, #37  
PALM HARBOR FL 34684**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GAIL M. ACHESON-NIELSEN** *Gail M. Acheson-Nielsen Pres. 1-7-03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ACHESON-NIELSEN, GAIL M</b> <b>2601 N.W. 33RD AVENUE</b> <b>OKEECHOBEE FL 34972</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V P</b> <b>Acheson-Nielsen, Ted F</b> <b>2601 NW 33rd Ave</b> <b>Okeechobee FL 34972</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gail M. Acheson-Nielsen* **1-203 863-7634123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)