

**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**



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

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

CHECK HERE IF MAKING CHANGES

City & State
Okeechobee FL

City & State
Okeechobee FL

Zip
34972

Country
Okeechobee

4. FEI Number
65-0900294

Applied For
 Not Applicable

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

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ACHESON-NIELSEN, GAIL M		NAME	
STREET ADDRESS 2601 N.W. 33RD AVENUE		STREET ADDRESS	
CITY-ST-ZIP OKEECHOBEE FL 34972		CITY-ST-ZIP	
TITLE V P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Acheson-Nielsen, Ted F		NAME	
STREET ADDRESS 2601 NW 33rd Ave		STREET ADDRESS	
CITY-ST-ZIP Okeechobee FL 34972		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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)