2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P99000027274 1. Entity Name M & L WELDING & FAB., INC. 04-25-2000 90055 040 ***150.00 Principal Place of Business Mailing Address P.O. BOX 775 1630 LIBERTY BELL ST INTERCESSION CITY FL 33848-0775 INTERCESSION CITY FL 33868 OUDINOTE 3. Mailing Address 2. Principal Place of Business Be11<u>54</u> P.O. BOX 775 1630 likerty Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3567979 Not Applicable Ntercession \$8.75 Additional 5. Certificate of Status Desired Fee Required 050000 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name RUSH, ELIZABETH W Street Address (P.O. Box Number is Not Acceptable) 1630 LIBERTY BELL ST INTERCESSION CITY FL 33868 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change Addition TITLE beth w. Rush NAME NAME STREET ADDRESS STREET ADDRESS ercession city, fla. CITY-ST-ZIP CITY-ST-ZIP ₽ b . . ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP = 1. i b ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ___ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18,200

407-846-6580

Daytime Phone #