## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000043276 May 31, 2000 8:00 am Secretary of State 1. Entity Name LLOYD'S WELDING, INC. 05-31-2000 90037 015 \*\*\*150.00 Principal Place of Business Mailing Address 234 S. RUSKIN 234 S. RUSKIN LAKE MARY FL 32746 LAKE MARY FL 32746-3514 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LLOYD, RONALD W Street Address (P.O. Box Number is Not Acceptable) 234 S. RUSKIN LAKE MARY FL 32746 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) f applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete NAME LLOYD, RONALD W STREET ADDRESS STREET ADDRESS 234 S. RUSKIN CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Delete TITLE Change ☐ Addition TITLE vpd NAME NAME LLOYD, ELAINE J STREET ADDRESS STREET ADDRESS 234 S. RUSKIN CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 \_ 🗌 Change TITLE ☐ Delete ---NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

OFFICER OR DIRECTOR

AE AND TYPED OF PRINTED NA

Daytime Phone #