

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050182

1. Entity Name
R & D WELDING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90116 012 ***150.00

Principal Place of Business

Mailing Address

3500 N.W. 43 AVE.
LAUDERDALE LAKES FL 33319

3500 N.W. 43 AVE.
LAUDERDALE LAKES FL 33319

C0065889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40405 NW 23 Way

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

4. FEI Number 65-0928950

Applied For

Not Applicable

Zip

Country

34972 Okeechobee

Zip

Country

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

STAMPA, RODNEY A
3500 N.W. 43 AVE.
LAUDERDALE LAKES FL 33319

Name Rodney A Stampa
Street Address (P.O. Box Number is Not Acceptable)
40405 NW 23 Way
City Okeechobee FL Zip Code 34972

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 Rodney A Stampa
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	STAMPA, RODNEY A	
STREET ADDRESS	3500 N.W. 43 AVE.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Rodney A Stampa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

Daytime Phone #

CR2E034 (10/00)