

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060370

1. Entity Name
WELD ON, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90058 020 ***150.00

Principal Place of Business

~~90200 OVERSEAS HWY.~~
TAVERNIER
PLANTATION KEY FL 33070

Mailing Address

P.O. BOX 1445
TAVERNIER KEY FL 33070

* New Location (moved)

2. Principal Place of Business

90800 Overseas Hwy
Suite, Apt. #, etc.
BAZN 1

3. Mailing Address

Same

City & State

TAVERNIER, FL

City & State

4. FEI Number 65-0935682

Applied For

Not Applicable

Zip 33070

Country MONROE

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

KEAGY, LYDIA L
~~100 N COCONUT PALM BLVD.~~
TAVERNIER FL 33070

new 107 Pelican Rd.
TAVERNIER, FL
33070

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME GEORGE, KEAGY
STREET ADDRESS ~~100 N COCONUT PALM~~ 107 Pelican Road
CITY-ST-ZIP TAVERNIER FL 33070 TAVERNIER, FL 33070

TITLE VST
NAME KEAGY, LYDIA L
STREET ADDRESS ~~100 N COCONUT PALM~~ 107 Pelican Road
CITY-ST-ZIP TAVERNIER FL 33070 TAVERNIER, FL 33070

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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: Lydia L. Keagy 4-26-01 305-853-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)