

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076272

1. Entity Name

C.B.'S WELDING, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90293 006 ***150.00

Principal Place of Business

5909 JOHNS RD.
TAMPA FL 33614

Mailing Address

5909 JOHNS RD.
TAMPA FL 33634-4452

2. Principal Place of Business

3. Mailing Address

7502 N. GLEN AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA, FL

Zip

Country

Zip

Country

33614

USA

4. FEI Number

59-3247854

Applied For

Not Applicable

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

BALL, CLYDE
5909 JOHNS RD.
TAMPA FL 33614

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, 2000 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|----------------------------------|---------------------------------|
| | D | BALL, CLYDE | 5909 JOHNS RD. TAMPA FL 33614 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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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:

Clyde Ball
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

813-290-0583

Daytime Phone #

CR2E034 (9/99)