

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090126

1. Entity Name

A1 MOBIL WELDING BY N & S, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90077 021 ***150.00

Principal Place of Business

Mailing Address

~~LYONS RD., #197~~
~~COCONUT CREEK FL 33073~~

~~4701 LYONS RD., #197~~
~~COCONUT CREEK FL 33073-3443~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1502 S.W. 24th ST

Suite, Apt., #, etc.

Suite, Apt., #, etc.

A

City & State

City & State

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33315

AROWARD

4. FEI Number

65-0995521

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

SHELDON, SHAWN

4701 LYONS RD., #197

COCONUT CREEK FL 33073

1502 S.W. 24th ST

FT. LAUDERDALE

FL 33315

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

PRES

3/22/00

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 D ☐ Delete
NAME WATKINS, NICHOLS
STREET ADDRESS 4701 LYONS RD., #197
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHELDON, SHAWN
STREET ADDRESS 4701 LYONS RD., #197
CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00 954 4102147

CR2E034 (9/99)