FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91907 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098454

1. Entity Name
ECO PORTABLE WELDING SERVICES, INC.

Principal Place of Business	Mailing Address
5124 ST. MARIE AVE. ORLANDO, FL 32812	5124 ST. MARIE AVE. ORLANDO, FL 32812

2. Principal Place of Business	3. Mailing Address
6843 Narcoossee Rd	6843 Narcoossee Rd
Suite, Apt. #, etc.: Unit 70	Suite, Apt. #, etc.: Unit 70
City & State: Orlando FL	City & State: Orlando FL
Zip: 32822 Country: USA	Zip: 32822 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3610883 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OLSON, CAROL L
5124 ST. MARIE AVE.
ORLANDO, FL 32812

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9713 James Creek Rd
City Christmas FL Zip Code 32709

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSON, EDWIN E 5124 ST. MARIE AVE. ORLANDO, FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 9713 James Creek Rd Christmas FL 32709	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLSON, CAROL L 5124 ST. MARIE AVE. ORLANDO, FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Edwin E Olson EDWIN E OLSON 3-17-03 3212283905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #