

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90116 045 ***550.00

DOCUMENT # P99000108916

1. Entity Name

A BETTER WELD, INC.



Principal Place of Business

**2450 BEARDALL AVENUE WAREHOUSE #2 AND #3
 SANFORD FL 32771**

Mailing Address

**P.O. BOX 960
 OSTEEN FL 32764**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612088

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAUSEY, CHERYL L
 600 LAKE BUTLER AVENUE
 OSTEEN FL 32764**

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CAUSEY, REGINALD LAMAR	600 LAKE BUTLER AVENUE	OSTEEN FL 32764						
	D	<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CAUSEY, CHERYL L	600 LAKE BUTLER AVENUE	OSTEEN FL 32764						
		<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete							<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Cheryl L Causey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/00
 Date

407 322 2222
 Daytime Phone #