2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am DOCUMENT # **P99000109915** Secretary of State 1. Entity Name J. S. WELDING SERVICES, INC. 05-01-2001 90036 038 ***158.75 Principal Place of Business Mailing Address 107 LAKEVIEW DRIVE 107 LAKEVIEW DRIVE ST. CLOUD FL 34769 ST. CLOUD FL 34769 2. Principal Place of Business 3. Mailing Address 2654 Lucy DO NOT WRITE IN THIS SPACE i'ssimmee 4. FEI Number City & State Applied For 59-36*15410* Not Applicable \$8.75 Additional Psceola 5. Certificate of Status Desired)Sceola Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, JERRY A SR 107 LAKEVIEW DRIVE ST. CLOUD FL 34769 Lucu 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete BULE TILLE President Jerry A, Smith SR. NAME NAM⊆ SMITH, JERRY A 2654 Lucy Drive STREET ADDRESS STREET ADDRESS 107 LAKEVIEW DRIVE CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-7iP CITY-ST-ZIP ☐ Delete TITLE NAME NAME 2654 LUCY DRIVE STREET ADDRESS STREET ADDRESS Kissimmee, Ha. 34744 CITY-ST-ZIP CITY-SY-ZIP ☐ Delete DIRE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TiTi.E ☐ Deiete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-79P Addition Change TITLE ☐ Delete TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST- ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. Smith SR 4-24-01

407-908-1100

Daytime Pho

CR2E034 (10/00