2002 UNIFORM BUSINESS REPORT (UBR)

P99000109915 DOCUMENT # 1. Entity Name J. S. WELDING SERVICES, INC.

Principal Place of Business

Mailing Address

2654 LUCY AVENUE KISSIMMEE FL 34744

SIGNATURE:

2654 LUCY AVENUE KISSIMMEE FL 34744

2. Principal Place of Business
4375 Lake bentry Rd.
Suite, Apt. #, etc. 3. Mailing Address 4375 lake Suite, Apt. #, etc.

FILED Mar 22, 2002 8:00 am Secretary of State

03-22-2002 90025 027 ***158.75



DO NOT WRITE IN THIS SPACE

State State	loud	Ha.	St. Cloud	Z	la.	4.	. FEI Number	59-3615410			plied For t Applicable
347					5. Certificate of Status Desired \$8.75 Addi						
.4		7. Name and Address of New Registered Agent									
SMITH, JE 2654 LUC KISSIMME	**	Name Jerry A. Smith, SRStreet: Address (P.O:Box. Number is Not Acceptable) 43 75 Lake Gentry Rd									
	and the second s	City St. Cloud FL Zip Code 347772									
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 2-28-02											
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) After May 1, 2002 Make Check Payable 					will be \$5	50.00		tion Campaign Fina t Fund Contribution			May Be to Fees
11.		OFFICERS AND D	PIRECTORS	12.		· /	ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2654 LUC	ERRY A SR. CY AVENUE EE FL 34744	☐ Delete	. I		4375 54,0	Lake	Gentry 71 34	, Rd.	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILYOU, V 5665 JON ST. CLOU		Velete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	408 MON	NGTON, CLAYTON TANA AVENUE ID FL 34771	Delete	TITLE NAME STREI CITY-	:	4375 St.	Lake	bentry d Fla	. •	⊠Change 77&	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12		□ Delete							Change	☐ 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 true ee 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.											