

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90033 025 \*\*\*150.00

**DOCUMENT # S14871**

1. Entity Name

**SARASOTA WELDING AND SUPPLY CO., INC.**

Principal Place of Business

Mailing Address

**1201 N. LIME AVENUE  
 SARASOTA FL 34237**

**1201 N. LIME AVENUE  
 SARASOTA FL 34237**

2. Principal Place of Business

**1215 MANGO AVE.**

3. Mailing Address

**1215 MANGO AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**65-0228717**

Applied For

Not Applicable

Zip

**34237**

Country

**U.S.A.**

Zip

**34237**

Country

**U.S.A.**

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

**PARRISH, WILLIAM F.  
 1201 N. LIME AVE.  
 SARASOTA FL 34237**

Name

Street Address (P.O. Box Number is Not Acceptable)

**1215 MANGO AVE.**

City

**SARASOTA**

FL

Zip Code

**34237**

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's 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	PARRISH, WILLIAM F.	
STREET ADDRESS	421 MARLIN RD	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARRISH, HEIDI	
STREET ADDRESS	421 MARLIN RD	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*William F. Parrish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William F. Parrish**

**2/23/01**

Date

Daytime Phone #

CR2E034 (10/00)