

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90223 041 \*\*\*150.00

**DOCUMENT # V60164**

1. Entity Name  
**T. J.'S MOBILE WELDING, INC.**

Principal Place of Business

5637 AMERICAN CIR.  
 DELRAY BEACH FL 33484  
 US

Mailing Address

5637 AMERICAN CIR.  
 DELRAY BEACH FL 33484  
 US

2. Principal Place of Business

**7870 HALL BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

**7870 HALL BLVD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**LOXAHATCHEE FL.**

City & State

**LOXAHATCHEE FL.**

Zip

**33470**

Country

**PAUM BEACH**

Zip

**33470**

Country

**PAUM BEACH**

4. FEI Number

**65-0351682**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHAMBAULT, ROGER  
 5637 AMERICAN CIRCLE  
 DELRAY BEACH FL 33484

**7870 HALL BLVD**  
**LOXAHATCHEE FL.**  
**33470**

7. Name and Address of New Registered Agent

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>P</b> <b>ARCHAMBAULT, ROGER</b> <b>5637 AMERICAN CIRCLE</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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:

**ROGER ARCHAMBAULT**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/7/02**

**561-333-7454**

8-8-02

Attachment 973958

#V60164

To Whom it May Concern:

I notified this office that due to relocating the first 2002 business report was never received by my office. Enclosed is my new address along with a business check in the amount of \$150.00 as advised.

Thank You