

2000 UNIFORM BUSINESS REPORT (UBR)

0182271

DOCUMENT # **V66484**

1. Entity Name

EAGLE WELDING SERVICE, INC.

FILED

01 FEB 22 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17211 NW 42ND PLACE
MIAMI FL 33055

17211 NW 42ND PLACE
MIAMI FL 33054-0202

2. Principal Place of Business

3. Mailing Address

3081 W.W 43rd Ave

P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B5

540202

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33054

USA

33054



REINSTATEMENT 00-01

4. FEI Number

65-0359287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required **SP**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREMBLE, HERBERT
17211 NW 42 PLACE
MIAMI FL 33055

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 *Herbert V. Tremble*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/01

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	<input type="checkbox"/> Delete
PSD	TREMBLE, HERBERT	17211 NW 42ND PLACE	MIAMI FL	<input type="checkbox"/>
VTD SCY	TREMBLE, VERNA	17211 NW 42ND PLACE	MIAMI FL	<input type="checkbox"/>
VTD	Herbert V. Tremble	170 NE 151 St	Miami, FL 33162	<input type="checkbox"/>
VTD	Khairney Tremble	17211 NW 42nd Pl	Miami, FL 33055	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
400003768101-2				<input type="checkbox"/>	<input type="checkbox"/>
SCY 400003768101-2				<input type="checkbox"/>	<input type="checkbox"/>
VTD	Herbert V. Tremble	170 NE 151 St	Miami, FL 33162	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VTD	Khairney Tremble	17211 NW 42nd Pl	Miami, FL 33055	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Herbert V. Tremble

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/00

Date

305-798-4372

Daytime Phone #

CR2E034 (9/99)