

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90113 038 \*\*\*150.00

**DOCUMENT # 613747**

1. Entity Name  
**WELBRO CONSTRUCTORS, INC.**

Principal Place of Business  
**800 TRAFALGAR COURT #200**  
**MAITLAND FL 32751**  
**US**

Mailing Address  
**800 TRAFALGAR COURT #200**  
**MAITLAND FL 32751**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1942432**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**

**BROWN, GARY E**  
**800 TRAFALGAR COURT**  
**SUITE 200**  
**MAITLAND FL 32751**

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 \_\_\_\_\_ (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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CDS</b> <b>BROWN, GARY E</b> <b>800 TRAFALGAR COURT, #200</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VON WELLER, HAROLD J</b> <b>800 TRAFALGAR COURT, #200</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDT</b> <b>DAVIS, STEVEN S.</b> <b>800 TRAFALGAR COURT, #200</b> <b>MAITLAND FL 32751</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDPS</b> <b>BROWN, GARY E.</b> <b>800 TRAFALGAR CT, #200</b> <b>MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>VON WELLER, HAROLD J.</b> <b>800 TRAFALGAR CT, #200</b> <b>MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVTD</b> <b>DAVIS STEVEN S.</b> <b>800 TRAFALGAR CT, #200</b> <b>MAITLAND, FL 32751</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 and all other like empowered.

SIGNATURE: GARY E. BROWN CEO  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 409/475-0800  
 Date Daytime Phone #

CR2E034 (10/00)