

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G95321

FILED  
Jan 09, 2002 8:00 AM  
Secretary of State

Entity Name: WELLER CONSTRUCTORS, INC.

**Current Principal Place of Business:**

1821 S ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

1821 SOUTH ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703 US

**New Mailing Address:**

FEI Number: 59-2469864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAROLD J. VON WELLER  
1821 S ORANGE BLOSSOM TRAIL  
APOPKA, FL 32703

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VON WELLER, H. J., II, I  
Address: 1821 S ORANGE BLOSSOM TR  
City-St-Zip: APOPKA, FL

Title: ST ( ) Delete  
Name: DEL GRANDE, JANE M.,  
Address: 1821 S ORANGE BLOSSOM TR  
City-St-Zip: APOPKA, FL

Title: V ( ) Delete  
Name: OREN, JACK D.,  
Address: 1821 S ORANGE BLOSSOM TR  
City-St-Zip: APOPKA, FL

Title: V ( ) Delete  
Name: TUHELA, JOHN R  
Address: 1821 S, ORANGE BLOSSOM TRAIL  
City-St-Zip: APOPKA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD J. VONWELLER, III

PD

01/09/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date