

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 04, 2001 08:00 AM
Secretary of State

DOCUMENT # M89274
 1. Entity Name
MONOGRAMS PLUS, INC.

Principal Place of Business 6901 22ND AVE N SUITE 784 ST PETERSBURG 337103958 US	FL	Mailing Address 6901 22ND AVE N SUITE 784 ST PETERSBURG 337103958 US	FL
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2. Principal Place of Business 2383 TYRONE WAY	3. Mailing Address 2383 TYRONE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAINT PETERSBURG FL	City & State SAINT PETERSBURG FL
Zip 337103970	Country US

4. FEI Number 59-2977090	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WELCH, SCOTT D.
 6901 22ND AVE N
 STE 784
 ST PETERSBURG
 337103958
 FL

7. Name and Address of New Registered Agent

Name
WELCH SCOTT D

Street Address (P.O. Box Number is Not Acceptable)
2383 TYRONE WAY

City
SAINT PETERSBURG **FL** Zip Code
337103970

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 **SCOTT D. WELCH** DATE **01/04/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELCH, LINDA C. 6901 -22ND AVE N STE 784 SAINT PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELCH, SCOTT D. 6901 -22ND AVE N STE 784 SAINT PETERSBURG FL 337103958	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WELCH LINDA C 2383 TYRONE WAY SAINT PETERSBURG FL 337103970	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WELCH SCOTT D 2383 TYRONE WAY SAINT PETERSBURG FL 337103970	<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
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, with all other like empowered.

SIGNATURE: Scott D. Welch **P** 01/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)