

2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90354 001 \*\*\*150.00

DOCUMENT # **P00000037476**

1. Entity Name  
**WELCOME HOME INTERNATIONAL**

Principal Place of Business  
**800 N. Riverside Drive  
 Indiantonic, FL 32903**

Mailing Address  
**800 N. Riverside Drive  
 Indiantonic, FL 32903**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number  
**59-3638788**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Carolyn Nenstiel  
 800 N. Riverside Drive  
 Indiantonic, FL 32903**

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.  
 SIGNATURE **Carolyn Nenstiel** DATE **7/4/01**

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

**FILE NOW!!! FEE IS \$150.00  
 After MAY 15 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>D/P Norris, Gary 800 N. Riverside Drive Indiantonic, FL 32903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S/T Norris, Lavonne 800 N. Riverside Drive Indiantonic, FL 32903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. 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 fees empowered.

SIGNATURE: **Lavonne Norris** DATE: **4/26/01** DAYTIME PHONE: **321-723-4381**

CR2F 034 (11/00)