

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 438789

1. Entity Name
WEICO, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90215 018 ***150.00

Principal Place of Business

**11100 SAN JOSE BLVD.
JACKSONVILLE FL 32223
US**

Mailing Address

**P.O. BOX 56530
JACKSONVILLE FL 32241-6530**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1488902**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WELLS, CLYDE N., JR.
11100 SAN JOSE BLVD
JACKSONVILLE FL 32223**

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **PST** ☐ Delete
NAME **WELLS, CLYDE N., JR.**
STREET ADDRESS **11100 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WELLS, CLYDE N., JR.**
STREET ADDRESS **11100 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CLYDE N. WELLS, JR., PA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

1/8/01

Date

Daytime Phone #

CR2E034 (10/00)

Attachment #
438789
519433

March 26, 2001

Division of Corporations
Secretary of State
State of Florida
P. O. Box 6327
Tallahassee, Florida 323414

Your: Document # 438789
Corporation: Welco, Inc.

Our: Welco, Inc. - General Corporate
Business (2001)


Dear Sir:

Please find enclosed the following:

1. 2001 Uniform Business Report (UBR) executed by an officer of the corporation with any corrections noted; and
2. Check # 3403 from Welco, Inc. in the amount of \$150.00 in payment of the annual fee for the filing of the Year 2001 Uniform Business Report.

If our enclosures are incorrect or incomplete in any manner, please call collect to the undersigned at (904) 262-0600.

Sincerely,


Clyde N. Wells, Jr.

CNW:jn

enclosures as noted