

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0134755 AV

DOCUMENT # 670935

1. Entity Name
SUE ELLEN WELCH, INC.



Principal Place of Business
**1120 49TH AVE
VERO BEACH FL 32966
US**

Mailing Address
**P.O. BOX ~~210~~ 333
VERO BEACH FL 32961 ~~0216~~ 0333
US**

11000000



2. Principal Place of Business
1120 49th Ave.

3. Mailing Address
~~PO Box 210~~ P.O. Box 333

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Vero Beach, Fl.

City & State
Vero Beach, Fl.

4. FEI Number
59-2034559

Applied For
Not Applicable

Zip
32966

Country
Indian River

Zip
32961-0333

Country
Indian River

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

6. Name and Address of Current Registered Agent

**WELCH, SUE ELLEN
1120 49TH AVE
STE B
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

Name
N/A

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
WELCH, SUE ELLEN
1120 49TH AVE
VERO BEACH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WELCH, RONALD
1120 49TH AVE
VERO BEACH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sue Ellen Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 772-794-9827
Date Daytime Phone #

0134755 AV