

2000 UNIFORM BUSINESS REPORT (UBR)

001-139 A

DOCUMENT # **A95000001471**

1. Entity Name

WELLER NOKO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:07

Principal Place of Business

6347 APPROACH ROAD
SARASOTA FL 34238

Mailing Address

C/O KITTINGER
1039 ROBERTA STREET
VENICE FL 34292-2142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1039 ROBERTA ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

4. FEI Number

65-0613910

Applied For

Not Applicable

Zip

34292

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOREMAN, MICHAEL L
C/O ICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

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. Capital Contributions
as Shown on record.

\$206,307.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000074764**
NAME **NOKO, INC.**
STREET ADDRESS **312 SUNRISE DRIVE**
CITY - ST - ZIP **NOKOMIS FL 34275**

STREET ADDRESS **1039 ROBERTA ST**
CITY - ST - ZIP **VENICE, FL 34292**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS **7000003192557--4**
CITY - ST - ZIP **04/03/00 01006 015**
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

FOREMAN, MICHAEL L

RICHARD W. WELLER, PRESIDENT

Date

Daytime Phone #

CR2E003 (9/99)