

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F26943**

1. Entity Name  
**WELKENBACH, INC.**

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90002 025 \*\*\*150.00

Principal Place of Business  
**216 S. INDUSTRIAL LOOP  
STE 100  
ORANGE PARK FL 32073**

Mailing Address  
**216 S. INDUSTRIAL LOOP  
STE 100  
ORANGE PARK FL 32073**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2116238**

Applied For  
Not Applicable

Zip 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

**LANDRY, BARBARA C.  
216 S. INDUSTRIAL LOOP  
STE 100  
ORANGE PARK FL 32073**

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 \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANDRY, BARBARA</b>		NAME		
STREET ADDRESS	<b>216 S. INDUSTRIAL LOOP, STE. 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANDRY, BRADFORD A.</b>		NAME		
STREET ADDRESS	<b>216 S. INDUSTRIAL LOOP, STE 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE PARK FL</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANDRY, PETER A.</b>		NAME		
STREET ADDRESS	<b>216 S. INDUSTRIAL LOOP, STE. 100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE PARK FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 fee empowered.

SIGNATURE: *Barbara Landry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/01* Date *(904) 264-8256* Daytime Phone #

CR2E034 (10/00)