

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J 48141**

1. Entity Name

R. WELTER, INC.



FILED

04 MAY 27 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4800 S.W. 64TH AVE.

Suite, Apt. #, etc.

SUITE 105 F

City & State

DAVIE, FLA.

Zip

33314

Country

U.S.A.

3. Mailing Address

4800 S.W. 64TH AVE.

Suite, Apt. #, etc.

SUITE 105 F

City & State

DAVIE, FLA.

Zip

33314

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2747354

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WELTER, Raymond J. JR.

Street Address (P.O. Box Number is Not Acceptable)

4800 S.W. 64TH AVE.

SUITE 105 F

City

DAVIE

FL

Zip Code

33314

**DO NOT WRITE
IN THIS SPACE**

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

Raymond J. Welter Jr.
Signature, typed or printed name of registered agent and title if applicable

Raymond J. WELTER JR.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PD WELTER, Raymond J. JR. 5080 S.W. 64TH AVE. 208C FT. LAUD. FL. 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400037388424 05/27/04--01091--001 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond J. Welter Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04 (954) 791-1717

Date

Cell (954) 448-3592

Daytime Phone #

CR2E034B (12/02)