

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90233 012 ***150.00

DOCUMENT # M64658

1. Entity Name

WELCH BLADE SERVICE, INC.

Principal Place of Business

**1366 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304
US**

Mailing Address

**P.O. BOX 2532
TALLAHASSEE FL 32316
US**

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

59-2863914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELCH, RODGER L
RT 1 BOX 3458
HAVANA FL 32333**

7. Name and Address of New Registered Agent

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

Rodger L. Welch

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 ~~\$650.00~~
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
NAME **WELCH, RODGER L**
STREET ADDRESS **RT 1 BOX 3458**
CITY-ST-ZIP **HAVANA FL 32333**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Rodger L. Welch
Rodger L. Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/01

Daytime Phone #

(850) 224-1199

0108691 AT

CR2E034 (5/01)

WELCH BLADE SERVICE, INC.

Attachment

Doc. # M64658
773889

1366 BLOUNTSTOWN HIGHWAY
P. O. BOX 2532
TALLAHASSEE, FL 32316

Phone 850-224-1199
Fax 850-575-4599

July 24, 2001

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN,

I AM WRITING TO LET YOU KNOW THAT THIS IS THE FIRST NOTICE WE HAVE RECEIVED FROM YOUR OFFICE. I HAVE COMPLETED THE 2001 UNIFORM BUSINESS REPORT AS REQUESTED AND ENCLOSED A CHECK FOR \$150.00. I WILL MAKE A NOTE IN OUR SCHEDULE THAT THIS FORM WILL BE DUE EACH YEAR SOMETIME IN APRIL, IN CASE WE DON'T RECEIVE A REPORT.

THANK YOU,

Bobbie Ledendecker

BOBBIE LEDENDECKER
BOOKKEEPER