

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006246

1. Entity Name

~~PREPAIR - REPAIR, INC.~~

WELCOME HOME OUTREACH, INC.

Principal Place of Business

Mailing Address

874-BREVARD-CT-  
ORLANDO-FL 32822  
US

~~P O BOX 623~~  
GOLDENROD FL 32733-0623  
US

2. Principal Place of Business

2825 SMU BLVD

3. Mailing Address

PO BOX 677653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32817

Country

USA

Zip

32867-7653

Country

USA

4. FEI Number

59-3675104

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

D'ERRICO, RUDOLF  
874-BREVARD-CT  
ORLANDO-FL 32822

7. Name and Address of New Registered Agent

Name LINDA A. RIBARIC

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

2825 SMU BLVD.

City

ORLANDO

FL

Zip Code

32817

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUHL, KATHLEEN A 989 TILLERY WAY ORLANDO FL 32828	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAISANO, DARLENE 421 MCKENNY ROAD SANTA ROSA FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ERRICO, RUDOLF 874 BREVARD CT ORLANDO FL 32822	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOY, KATHLEEN A. 989 TILLERY WAY ORLANDO, FL 32828	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIBARIC, LINDA A. 2825 SMU BLVD ORLANDO, FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA A. RIBARIC

Date

Daytime Phone #

4-8-02 407-671-1509

FILED

Apr 18, 2002 8:00 am  
Secretary of State

04-18-2002 90468 026 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)