

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90005 004 ***550.00

DOCUMENT # P00000020272

1. Entity Name

TONDODDA M. WELCH, P.A.

Principal Place of Business

**244 SHOPPING AVE. SUITE 131
 SARASOTA FL 34237**

Mailing Address

**244 SHOPPING AVE. SUITE 131
 SARASOTA FL 34237**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1875 Buccaneer Circle

Suite, Apt. #, etc.

1875 Buccaneer Circle

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34231

Country

Sarasota

Zip

34231

Country

Sarasota

4. FEI Number

65-1084275

Applied For

Not Applicable

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

WELCH, TONDODDA M

244 SHOPPING AVE, SUITE 131

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
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, TONDODDA M**
 STREET ADDRESS **244 SHOPPING AVE, SUITE 131**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME *1875 Buccaneer Circle*
 STREET ADDRESS *Sarasota FL 34231*
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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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:

TONDODDA M. WELCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

941-349 3449

Daytime Phone #

CR2E034 (5/01)