

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90053 031 ***550.00

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DOCUMENT # P00000082715

1. Entity Name
B. GARY WELKNER, INC.



Principal Place of Business
**1337 WOOD LAKE CIR.
ST. CLOUD FL 34772**

Mailing Address
**1337 WOOD LAKE CIR.
ST. CLOUD FL 34772**

2. Principal Place of Business

18925 SE Southgate Dr
Suite, Apt. #, etc.

3. Mailing Address

18925 SE Southgate Dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Jupiter, FL
Zip
33469
Country
Martin

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Jupiter, FL
Zip
33469
Country
Martin

4. FEI Number
59-3671963

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WELKNER, B. GARY
1337 WOOD LAKE CIR.
ST. CLOUD FL 34772**

7. Name and Address of New Registered Agent

Name
B. Gary Welkner
Street Address (P.O. Box Number is Not Acceptable)

18925 SE Southgate Dr.
City
Jupiter FL Zip Code
33469

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 **B. Gary Welkner**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/8/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	WELKNER, B. GARY	
STREET ADDRESS	1337 WOOD LAKE CIR.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WELKNER, V. JO	
STREET ADDRESS	1337 WOOD LAKE CIR.	
CITY-ST-ZIP	ST. CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18925 SE Southgate Dr.	
CITY-ST-ZIP	Jupiter, FL 33469	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	18925 SE Southgate Dr.	
CITY-ST-ZIP	Jupiter, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **B. Gary Welkner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/03 561-748-4664
Daytime Phone #

CR2E034 (10/02)