

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90105 021 ***150.00

0124559 AV

DOCUMENT # P00000102059

1. Entity Name
WELDON TRUCKING, INC.



Principal Place of Business
526 RHEINE RD NW
PALM BAY FL 32907

Mailing Address
526 RHEINE RD NW
PALM BAY FL 32907

2. Principal Place of Business

3775 Hield Rd

Suite, Apt. #, etc.

3. Mailing Address

3775 Hield Rd

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32904

Country

USA

Zip

32904

Country

USA

4. FEI Number

59-3681042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ARNO, ANDREW P
115 HICKORY ST NW, STE 202
W MELBOURNE FL 32904

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. I am familiar with, and accept the obligations of registered agent.

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 \$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
NAME DETRICH, MADELINE
STREET ADDRESS 526 RHEINE RD.
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE V
NAME WELDON, CHRISTOPHER
STREET ADDRESS 526 RHEINE RD.
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE SD
NAME TRACEY, JAMES
STREET ADDRESS 912 NIXON CIRCLE
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME Madeline Weldon
STREET ADDRESS 3775 Hield Rd.
CITY-ST-ZIP Melbourne, FL 32904

☒ Change

☐ Addition

TITLE
NAME Christopher Weldon
STREET ADDRESS 3775 Hield Rd
CITY-ST-ZIP Melbourne, FL 32904

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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 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: Madeline Weldon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 321-480-4084
Date Daytime Phone #

CR2E034 (10/02)