

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91148 014 ***150.00

DOCUMENT # **PO1000000039**
1. Entity Name
Kevin P. Welch, Inc

DO NOT WRITE IN THIS SPACE

666737

2. Principal Place of Business
5481 Landis Ave
Suite, Apt. #, etc.
Port Orange, FL
City & State
32127 Zip
USA Country

3. Mailing Address
(Same)
Suite, Apt. #, etc.
Port Orange, FL
City & State
32127 Zip
USA Country

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4. FEIN Number
59-3690028
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Daniel S. Fricbis**
Street Address (P.O. Box Number is Not Acceptable)
3810 Turtle Creek Dr
Suite B-1
City **Port Orange** State **FL** Zip Code **32127**

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.

January 1, May 1 Fee is \$100.00
After May 1 Fee is \$501.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Kevin P. Welch (P) 5481 Landis Ave Port Orange, FL 32127
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Kevin Welch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 Date
(386) 761-5911 Daytime Phone #

CR2E034B (12/01)