

2002 UNIFORM BUSINESS REPORT (UBR)

011721 AT

DOCUMENT # P01000061814

1. Entity Name
WELCORP, INC.

FILED

03 [REDACTED]

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1001 WORTHINGTON AVE
GREEN COVE SPRINGS FL 32043

Mailing Address
1001 WORTHINGTON AVE
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

3. Mailing Address
P.O. Box 1305

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Green Cove Springs FL

Zip

Country

Zip
32043

Country
U.S.

REINSTATEMENT 02-03

4. FEI Number
59-3724966

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

WELTZBARKER, KELLIE
1001 WORTHINGTON AVE
GREEN COVE SPRINGS FL 32043

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 *Kelli Welzbarker pres.*

DATE
1/7/03

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 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELTZBARKER, KELLIE
1001 WORTHINGTON AVE
GREEN COVE SPRINGS FL 32043

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

300041789353
02/04/03--01075--039 **900.00

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Kelli Welzbarker*

DATE
1/7/03

DAYTIME PHONE #
904-213-0133

CR2F034 (4/02)