FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90175 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117285

1. Entity Name
WILLIAM L. WELTER, P.A.

Principal Place of Business
730 S. STERLING AVE STE 106
TAMPA, FL 33609-4542

Mailing Address
730 S. STERLING AVE STE 106
TAMPA, FL 33609-4542

2. Principal Place of Business
628 E. DAVIS Blvd
Suite, Apt. #, etc.

3. Mailing Address
SAme
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State: Tampa FL
Zip: 33606 Country: Hillsborough

City & State
Zip Country

4. FEI Number 35-2158435 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WELTER, WILLIAM L ESQ
730 S. STERLING AVE STE 106
TAMPA, FL 33609-4542

7. Name and Address of New Registered Agent
Name: William L. WELTER
Street Address (P.O. Box Number is Not Acceptable)
628 E. DAVIS Blvd
City: Tampa FL Zip Code: 33606

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's signature required when eliminating) DATE 5/1/03

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	A ☐ Delete
NAME	WELTER, WILLIAM L
STREET ADDRESS	730 S. STERLING AVE. STE 106
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 5/01/03 Daytime Phone #