

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

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03-28-2003 90092 026 ***158.75

DOCUMENT # P02000007898

1. Entity Name
WELSBY, INC.



Principal Place of Business
**801 ANCHOR RODE DR., STE. 203
NAPLES FL 34103**

Mailing Address
**801 ANCHOR RODE DR., STE. 203
NAPLES FL 34103**



2. Principal Place of Business
1290 MIMOSA CT
Suite, Apt. #, etc.

3. Mailing Address
1290 MIMOSA CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MARCO ISLAND, FLORIDA
Zip
34145
Country
USA

City & State
MARCO ISLAND, FLORIDA
Zip
34145
Country
U.S.A.

4. FEI Number
41-2037994

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLFF, CASEY ESQ.
**801 ANCHOR RODE DR., STE. 203
NAPLES FL 34103**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR MICHAEL H. WELSBY 1290 MIMOSA CT, MARCO ISLAND FLORIDA 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT & SECRETARY/TREASURER MICHAEL WELSBY 1290 MIMOSA CT, MARCO ISLAND FLORIDA 34145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MICHAEL H. WELSBY

MICHAEL H. WELSBY

1/17/03

2396428060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (10/02)