

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90043 047 ***150.00

DOCUMENT # P34858

1. Entity Name
WELTANCO LINING INC.

Principal Place of Business Mailing Address
11001 KATY FREEWAY SUITE 222 HOUSTON TX 77079-1807 **3509 Sycamore Ln Gulf Breeze, FL 32561**
US **US**

2. Principal Place of Business 3. Mailing Address
3509 Sycamore Lane **3509 Sycamore Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Gulf Breeze, FL **Gulf Breeze, FL**
 Zip Country Zip Country
32561 **US** **32561** **US**

4. FEI Number **76-0332276** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CPT	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROUL, DAVID		NAME	Jackson, Steve	
STREET ADDRESS	14738 KELLYWOOD LANE		STREET ADDRESS	3509 Sycamore Lane	
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROUL, CINDY		NAME	Angerholzer, Max	
STREET ADDRESS	14738 KELLYWOOD LANE		STREET ADDRESS	3770 Rhonda Drive	
CITY-ST-ZIP	HOUSTON TX		CITY-ST-ZIP	Mobile, AL 36608	
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Angerholzer, Pam	
STREET ADDRESS			STREET ADDRESS	3770 Rhonda Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Mobile, AL 36608	
TITLE		<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Jackson, Mona	
STREET ADDRESS			STREET ADDRESS	3509 Sycamore Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ Date **4-4-01** Daytime Phone # **850-932-1284**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)