

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90001 021 \*\*\*150.00

DOCUMENT # P93000003905

1. Entity Name

WELCH CONSTRUCTION, INC.

Principal Place of Business

11220 22 METRO PKWY  
FT. MYERS FL 33912  
US

Mailing Address

P O BOX 6656  
FORT MYERS FL 33911  
US

2. Principal Place of Business

11220 Metro Pkwy  
Suite, Apt. #, etc.

Suite #22

City & State  
Ft. Myers, FL

Zip Country  
33912 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0394580

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

WELCH, ROBERT E  
11220 22 METRO PKWY  
SUITE 22  
FT. MYERS FL 33912

Name

Linda N. Welch

Street Address (P.O. Box Number is Not Acceptable)

11220 Metro Pkwy

Suite 22

City  
Ft. Myers

FL

Zip Code

33912

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 Linda N. Welch, Vice Pres.

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.  
(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	D	<input type="checkbox"/> Delete
NAME	WELCH, ROBERT E	
STREET ADDRESS	11220 22 METRO PKWY, SUITE 22	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D - V - S - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Welch Linda N.	
STREET ADDRESS	11220 #22 Metro Pkwy	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	D - P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Welch, Robert E.	
STREET ADDRESS	11220 Metro Pkwy, Suite 22	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Linda N. Welch, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/9/01 941-768-1640

Daytime Phone #

CR2E034 (10/00)