, 2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am secretary of State DOCUMENT # P93000042513 1. Entity Name 05-16-2001 90374 004 ***150.00 PETER WELTER, D.C. PA. Principal Place of Business Mailing Address 1867 20TH AVE AUU55748 1867 20TH AVE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 1867 207H AVE Suite, Apt. #, etc. 9TH AUE 2001 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3192913 VERO BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELTER, PETER WELTER, PETER Street Address (P.O. Box Number is Not Acceptable) 1867-20TH AVE VERO BEACH FL 32960 # 201 VERO BEACH 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 DR ☐ Addition TITLE TITLE ☐ Delete PETER WELTER NAME NAME WELTER, PETER ZOOI 9TH AVE STEZOI STREET ADDRESS 1867-20TH-AVE STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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 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 wifit an address with all other like empowered.

address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: