

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032645

1. Entity Name

WELCOME HOMES USA, INC.

Principal Place of Business

3146 VINELAND RD #535  
KISSIMMEE FL 34746  
US

Mailing Address

3146 VINELAND RD #535  
KISSIMMEE FL 34746  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

200 E. ROBINSON STREET

Suite, Apt. #, etc.

SUITE 500

ORLANDO, FLORIDA

Zip  
32801

Country  
USA

4. FEI Number 59-3241863

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

MCCORMACK ANNE-MARIE  
3146 VINELAND RD #535  
KISSIMMEE FL 34741

Name

FLORIDA CORPORATE SUPPORT, INC

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

200 E. ROBINSON STREET

SUITE 500

City

ORLANDO

FL

Zip Code  
32801

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 *AM McCormack*  
Signature, typed or printed name of registered agent and title if applicable.

*Florida Corporate Support, Inc*  
By: *John Brown Sec*

(NOTE: Registered Agent signature required when reinstating)

3/23/2001  
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	P	<input type="checkbox"/> Delete
NAME	MCCORMACK, ANNE-MARIE	
STREET ADDRESS	1859 KINGS POINT BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
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	P/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3146 Vineland Rd, S.R. 535	
CITY-ST-ZIP	Kissimmee, FL 34746	
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		
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: *AM McCormack* Anne-Marie McCormack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/2001  
407 3909000

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90347 049 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)