

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90096 046 ***150.00

05/02/02 AT

DOCUMENT # P95000005589

1. Entity Name

WELSH ENTERPRISES, INC.

Principal Place of Business

**3111 NE 43 STREET
 FT LAUDERDALE FL 33308**

Mailing Address

**C/O TRITRONICS
 1306 CONTINENTAL DR
 ABINGDON MD 21009
 US**



2. Principal Place of Business

1952 NW 93rd Ave

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Zip

33172

Country

USA

Country

4. FEI Number

65-0551310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STOKES, PAUL M
 201 S BISCAYNE BLVD SUITE 2400
 MIAMI FL 33131**

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.

SIGNATURE

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, 2002 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

TITLE **DVP** ☐ Delete
 NAME **WAGNER, KIMBERLY L**
 STREET ADDRESS **1603 ROLLING ROAD**
 CITY-ST-ZIP **BEL AIR MD 21014**

TITLE **DP** ☐ Delete
 NAME **SCARFF, JAMES W**
 STREET ADDRESS **7 ZELDA COURT**
 CITY-ST-ZIP **WHITEHALL MD 21161**

TITLE **DVP** ☐ Delete
 NAME **WILLIAMS, RANDY M SR**
 STREET ADDRESS **1835 MIDSUMMER LANE**
 CITY-ST-ZIP **JARRETTSVILLE MD 21084**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
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 CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
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 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Kimberly L Wagner VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 410 676 7300 X1211

Date

Daytime Phone #

CR2E034 (9/01)