

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027374

1. Entity Name

WELBRO CONSTRUCTORS, S.C., INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90143 001 ***150.00

0050182

Principal Place of Business 800 TRAFALGAR COURT SUITE 200 MAITLAND FL 32751 US	Mailing Address 800 TRAFALGAR COURT SUITE 200 MAITLAND FL 32751 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3381955	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, GARY E 800 TRAFALGAR COURT SUITE 200 MAITLAND FL 32751

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

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

TITLE	DC	<input type="checkbox"/> Delete
NAME	BROWN, GARY D.	
STREET ADDRESS	800 TRAFALGAR COURT, #200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIS, STEVEN S	
STREET ADDRESS	800 TRAFALGAR COURT, #200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOLMES, BRUCE	
STREET ADDRESS	800 TRAFALGAR COURT, #200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OVERTON, ROBERT	
STREET ADDRESS	800 TRAFALGAR COURT, #200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, BRUCE	
STREET ADDRESS	800 TRAFALGAR COURT, #200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOODS, THOMAS D	
STREET ADDRESS	800 TRAFALGAR COURT, #200	
CITY-ST-ZIP	MAITLAND FL 32751	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEVEN S.	
STREET ADDRESS	800 TRAFALGAR CT., #200	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	EXDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, BRUCE E.	
STREET ADDRESS	800 TRAFALGAR CT., #200	
CITY-ST-ZIP	MAITLAND, FL 32751	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN S. DAVIS 4/27/01 407/475-0800

Date

Daytime Phone #

CR2E034 (10/00)