

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000054805

1. Entity Name
WELLER CONSTRUCTION ENTERPRISES, INC.

Principal Place of Business
112 CITRUS TREE LANE
LONGWOOD FL 32750 US

Mailing Address
PO BOX 521881
LONGWOOD FL 32752881 US

2. Principal Place of Business
1250 BRASSIE DR. N.

3. Mailing Address
1250 BRASSIE DR. N.

Suite, Apt. #, etc.

City & State
WINTER SPRINGS FL

Zip Country
32708 US

4. FEI Number
59-3387192

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WELLER MARK K
112 CITRUS LANE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name
WELLER MARK K

Street Address (P.O. Box Number is Not Acceptable)
1250 BRASSIE DR. N.

City
WINTER SPRINGS FL

Zip Code
32708

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 _____ DATE 04/26/2001

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 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 | D | <input type="checkbox"/> Delete |
|----------------|----------------------|---------------------------------|
| NAME | WELLER MARK K | |
| STREET ADDRESS | 112 CITRUS TREE LANE | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-------------------------|--|-----------------------------------|
| NAME | WELLER MARK K | | |
| STREET ADDRESS | 1250 BRASSIE DR. N. | | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | | |
| 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: Mark K. Weller D 04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)