

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90327 045 \*\*\*150.00

0477282

**DOCUMENT # P96000059570**

1. Entity Name  
**WELKER BROTHERS MARKETING, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>1087 PLYMOUTH-SORRENTO ROAD<br/>         PLYMOUTH FL 32768</b> | Mailing Address<br><b>PO BOX 1235<br/>         PLYMOUTH FL 32768<br/>         US</b> |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3392637** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KATZ, LAWRENCE H  
 341 N. MAITLAND AVENUE #120  
 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

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 \_\_\_\_\_  
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          | <b>T</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>WELKER, JEFFREY M.</b>     |                                 |
| STREET ADDRESS | <b>1129 ORANGE BLVD</b>       |                                 |
| CITY-ST-ZIP    | <b>LAKE MARY FL</b>           |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>WELKER, RICHARD P. JR.</b> |                                 |
| STREET ADDRESS | <b>1282 DEER LAKE CIR</b>     |                                 |
| CITY-ST-ZIP    | <b>APOPKA FL</b>              |                                 |
| TITLE          | <b>P</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>WELKER, DEBORAH D</b>      |                                 |
| STREET ADDRESS | <b>1282 DEERLAKE CIRCLE</b>   |                                 |
| CITY-ST-ZIP    | <b>APOPKA FL</b>              |                                 |
| TITLE          | <b>VP</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>WELKER, LINDA W</b>        |                                 |
| STREET ADDRESS | <b>1129 ORANGE BLVD.</b>      |                                 |
| CITY-ST-ZIP    | <b>LAKE MARY FL</b>           |                                 |
| 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          |  | <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: *[Signature]* Secretary Date: *2/27/01* 407-889-4833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)