

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

0691371 AT

DOCUMENT # **P96000059570**

1. Entity Name
WELKER BROTHERS MARKETING, INC.

04-09-2002 90070 023 ***150.00

Principal Place of Business Mailing Address
1087 PLYMOUTH-SORRENTO ROAD PO BOX 1235
PLYMOUTH FL 32768 PLYMOUTH FL 32768
US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

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

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZ, LAWRENCE H
341 N. MAITLAND AVENUE #120
MAITLAND FL 32751

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	WELKER, JEFFREY M.	
STREET ADDRESS	1129 ORANGE BLVD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELKER, RICHARD P. JR.	
STREET ADDRESS	1282 DEER LAKE CIR	
CITY-ST-ZIP	APOPKA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WELKER, DEBORAH B	
STREET ADDRESS	1282 DEERLAKE CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELKER, LINDA W	
STREET ADDRESS	1129 ORANGE BLVD.	
CITY-ST-ZIP	LAKE MARY 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/02** Daytime Phone #: **407-889-4833**

CR2E034 (9/01)