## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 24, 2000 8:00 am DOCUMENT # **P97000098055** Secretary of State WELDCO INVESTMENTS, INC. 03-24-2000 90099 034 \*\*\*150.00 Principal Place of Business Mailing Address JEFFREY D PALM JEFFREY D PALM 1100 53RD CT SO 1100 53RD CT SO MANGONIA PARK FL 33407-2350 MANGONIA PARK FL 33407 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3488080 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PALM, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 1100 53RD CT SO MAMGONIA PARK FL 33407 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 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME PALM, JEFF STREET ADDRESS STREET ADDRESS 1100 53RD CT SO CITY-ST-ZIP CITY-ST-ZIP MANGONIA PARK FL 33407 ☐ Addition Change Delete TITLE NAME BOOTH, RICHARD NAME STREET ADDRESS STREET ADDRESS 1100 53RD CT SO CITY-ST-ZIP CITY-ST-ZIP MANGONIA PARK FL 33407 ☐ Addition Delete. TITLE. ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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. 3/20/00