

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000099692

1. Entity Name

WELCOME HOMES PROPERTY INVESTMENTS INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90051 022 ***150.00

Principal Place of Business

Mailing Address

1106 W. OAK ST.
 KISSIMMEE FL 34741

1106 W. OAK ST.
 KISSIMMEE FL 34741-4177

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.
 SR 535

Suite, Apt., etc.
 SR 535

City & State
 Kissimmee, FL

City & State
 Kissimmee, FL

Zip
 34746

Country
 US

Zip
 34746

Country
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481867

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMACK, ANNE-MARIE

1106 W. OAK ST. 3146 Vineland Rd SR 535
 KISSIMMEE FL 34741 Kissimmee, FL 34746

Anne-Marie McCormack

Street Address, P.O. Box Number (if Not Applicable)
 3146 Vineland Rd, SR 535

City Kissimmee

FL

Zip Code 34746

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 AM McCormack
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/2000

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS MCCORMACK, ANNE-MARIE
 CITY-ST-ZIP 1106 W. OAK ST. 3146 Vineland Rd SR 535
 KISSIMMEE FL 34741

TITLE ☐ Change ☐ Addition
 NAME Anne-Marie McCormack
 STREET ADDRESS 3146 Vineland Rd SR 535
 CITY-ST-ZIP Kissimmee, FL 34746

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: AM McCormack
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000 407-390-9000
 Date Daytime Phone #

CR2E034 (9/99)