

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90120 033 ***150.00

DOCUMENT # P97000099692

1. Entity Name
WELCOME HOMES REALTY & INVESTMENTS, INC.

Principal Place of Business

3146 VINELAND RD
SR 535
KISSIMMEE FL 34746

Mailing Address

200 E ROBINSON STREET
SUITE 500
ORLANDO FL 32801

80101068



2. Principal Place of Business

3150 Vineland Rd SR535

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee, FL

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

FLORIDA CORPORATE SUPPORT, INC.
200 E ROBINSON STREET
SUITE 500
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Anne-Marie McCormack**
Street Address (P.O. Box Number is Not Acceptable) **3150 Vineland Rd SR535**
City **Kissimmee** **FL** **Zip Code** **34746**

8. The above named entity submits this statement for the purpose of obtaining its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **AMM McCormack**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing for status change.)

DATE

4/26/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCORMACK, ANNE-MARIE	
STREET ADDRESS	3146 VINELAND RD, SR 535	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCORMACK, JAN	
STREET ADDRESS	3146 VINELAND RD SR 535	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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	✓ 1/5/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3150 Vineland Rd SR535	
STREET ADDRESS	KISSIMMEE, FL 34746	
CITY-ST-ZIP		
TITLE	MCCORMACK, JON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3150 Vineland Rd SR535	
STREET ADDRESS	Kissimmee, FL 34746	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/02 407-390-9000

CR2E034 (9/01)