FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # **P98000008526** 05-14-2001 90224 017 ***150.00 WELTERS LOCKSMITH & ATM, INC. Principal Place of Business Mailing Address 4737 ORANGE DRIVE 4737 ORANGE DRIVE D0050834 DAVIE FL 33314 DAVIE FL 33314 HS 4731 ORANGE DRIVE DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0811109 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELTER, RONALD G JR Street Address P.O. Box Namber is Not acceptable IVE **4737 ORANGE DRIVE** DAVIE FL 33314 Zip Code City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Addition TITLE TITLE ☐ Delete NAME NAME WELTER, RONALD G JR 4731 ORANGE DAIVE STREET ADDRESS STREET ADDRESS **4737 ORANGE DRIVE** CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Addition ☐ Delete TITLE TITLE NAME NAME welter, david e 4731 ORANGE ORIVE STREET ADDRESS STREET ADDRESS **4737 ORANGE DRIVE** CITY-ST-78 CITY-ST-ZIP **DAVIE FL 33314** Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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