FILED

Jan 24, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

P98000008526

DOCUMENT # 1. Entity Name

WELIERS	S LOCKSMITH & ATM, INC	•				01-24-2002 90180	030 130	5.00	
Principal Place of Business Mailing Address									
4731 ORANGE DRIVE DAVIE FL 33314 US		4731 ORANGE DRIVE DAVIE FL 33314 US							
2. Principal Place of Business		3. Mailing Address						(1610 6) 106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4 . F	El Number 65-0811109	Applied For Not Applicable			
Zip Country		Zip	Zip Country		5. 0	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current				7. N	lame and Address of New Registered		_	
•	to and the state of the state o			Name		and the second second			
WELTER, RONALD G JR 4731, ORANGE DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
DAVIE FL 33314									
¥				City		FI	Zip Code	Э	
SIGNATURE	named entity submits this statement for a stat	t and title if applicable. (NOTE	: Registere	d Agent signature requi					
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 		FILE NOW!!! FEE IS \$1 After May 1, 2002 Fee will b Make Check Payable to Departr		will be \$550.00		Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELTER, RONALD G JR 4731 ORANGE DRIVE DAVIE FL 33314	☐ Delete		I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WELTER, DAVID E 4731 ORANGE DRIVE DAVIE FL 33314	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			~	حی میں معدد میں ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔ ۔	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	R	I			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE	=			☐ Change	Addition	

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Tork

NAME STREET ADDRESS

CITY-ST-ZIP