

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90156 006 ***550.00

DOCUMENT # P98000035942

1. Entity Name

Welfer Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

B0139445

2. Principal Place of Business
75 Cunningham Drive

Suite, Apt. #, etc.

3. Mailing Address
75 Cunningham Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Smyrna Beach, Florida

City & State
New Smyrna Beach, Florida

Zip
32168

Country
USA

Zip
32168

Country
USA

4. FEI Number
593489682

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Welfer, Steven F.**

Street Address (P.O. Box Number is Not Acceptable)

75 Cunningham Drive

City **New Smyrna Beach**

FL

Zip Code
32168

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

Steven F. Welfer
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

9/10/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Welfer, Steven F.
75 Cunningham Drive
New Smyrna Beach, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven F. Welfer

Steven F. Welfer

09/10/02

386-314-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348 (12/01)