

2000 UNIFORM BUSINESS REPORT (UBR)

AMENDER

000700

DOCUMENT # P98000087937

Entity Name
WELBRO CARIBBEAN, INC.

FILED

00 SEP -8 AM 11: 06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
800 TRAFALGAR COURT
#200
MAITLAND, FL 32751

Mailing Address
800 TRAFALGAR COURT
#200
MAITLAND, FL 32751

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

DO NOT WRITE IN THIS SPACE
65-31-00 90103 011 #61.25

4. FEI Number
59-3536816

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, GARY E.
800 TRAFALGAR CT
#200
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, GARY E.		NAME	HOLMES, BRUCE	
STREET ADDRESS	800 TRAFALGAR CT #200		STREET ADDRESS	800 TRAFALGAR CT #200	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, BRUCE		NAME	DAVIS, STEVEN S.	
STREET ADDRESS	800 TRAFALGAR CT #200		STREET ADDRESS	800 TRAFALGAR CT #200	
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEVEN S.		NAME		
STREET ADDRESS	800 TRAFALGAR CT #200		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON WELLER, HAROLD		NAME		
STREET ADDRESS	800 TRAFALGAR CT #200		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPKORN, TIMOTHY G.		NAME		
STREET ADDRESS	800 TRAFALGAR CT #200		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERTON, ROBERT		NAME		
STREET ADDRESS	800 TRAFALGAR CT #200		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		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: STEVEN S. DAVIS 9/04/00 407/475-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)