

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90113 041 \*\*\*150.00

**DOCUMENT # P98000087937**

1. Entity Name

**WELBRO CARIBBEAN, INC.**

Principal Place of Business

**800 TRAFALGAR COURT #200  
 MAITLAND FL 32751**

Mailing Address

**800 TRAFALGAR COURT #200  
 MAITLAND FL 32751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**BROWN, GARY E  
 800 TRAFALGAR COURT  
 SUITE 200  
 MAITLAND FL 32751**

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, 2001 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            |
| NAME           | <b>BROWN, GARY E</b>            |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>        |  |
| TITLE          | D                               | <input type="checkbox"/> Delete            |
| NAME           | <b>DAVIS, STEVEN S</b>          |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>        |  |
| TITLE          | D                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>VON WELLER, HAROLD</b>       |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>        |  |
| TITLE          | S                               | <input type="checkbox"/> Delete            |
| NAME           | <b>HOLMES, BRUCE</b>            |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>        |  |
| TITLE          | VP                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>OVERTON, ROBERT</b>          |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>        |  |
| TITLE          | T                               | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DAVIS, STEVEN S</b>          |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND FL 32751</b>        |  |

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | CD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BROWN, GARY E.</b>            |  |
| STREET ADDRESS | <b>800 TRAFALGAR CT, #200</b>    |  |
| CITY-ST-ZIP    | <b>MAITLAND, FL 32751</b>        |  |
| TITLE          | RDT                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>DAVIS, STEVEN S.</b>          |  |
| STREET ADDRESS | <b>800 TRAFALGAR CT, #200</b>    |  |
| CITY-ST-ZIP    | <b>MAITLAND, FL 32751</b>        |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          | EVDS                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>HOLMES, BRUCE E.</b>          |  |
| STREET ADDRESS | <b>800 TRAFALGAR COURT, #200</b> |  |
| CITY-ST-ZIP    | <b>MAITLAND, FL 32751</b>        |  |
| 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

**STEVEN S. DAVIS**

Date

**4/27/01**

Daytime Phone #

**407/475-0800**

CR2E034 (10/00)