

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90044 048 ***158.75

DOCUMENT # **P98000101006**

1. Entity Name

Welch Media, Inc.

Principal Place of Business

Mailing Address

5179 Nutmeg Dr.

4521 PGA Blvd.

Palm Beach Gardens, FL 33418

**PMB 123
Palm B. Gardens, FL 33418**

2. Principal Pl:

5109 Nutmeg Dr

3. Mailing:

4521 PGA Blvd.

Suite, Apt:

Suite:

PMB 123

Palm Beach Gardens FL

Palm Beach Gardens FL

4. FEI Number

65-0886741

Applied For

Not Applicable

Zip

33418

Country

Palm Beach

Zip

33418

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNKNOWN

7. Name and Address of New Registered Agent

Name

Shyla Welch

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

5179 Nutmeg Drive

City

Palm Beach Gardens

FL

Zip Code

33418

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

Shyla J. Welch

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/00

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

TITLE **PRES/V. PRES/SEC/TREAS/DIRECTOR** ☐ Delete
 NAME **Shyla Welch**
 STREET ADDRESS **5179 Nutmeg Drive**
 CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Shyla J. Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/00

Date

561-776-9339

Daytime Phone #

CR2E034 (9/99)