## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P98000104366 RON WELCH PAINTING. INC. 01-25-2000 90057 011 \*\*\*150.00 Mailing Address Principal Place of Business 3330 SHOAL LINE BLVD 3330 SHOAL LINE BLVD HERNANDO BEACH FL 34667 HERNANDO BEACH FL 34607-3437 906040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3547964 Not Applic Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RONALD F\_WELCH WELCH, LOIS P Street Address (P.O. Box Number is Not Acceptable) **8213 ELEANOR STREET** SPRING HILL FL 34607 8213 ELEANOR STREET City SPRING HILL 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. RONALD F WELCH PRESTDENT SIGNATURE ture, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPV The state of TITLE Change TITLE ☐ Delete **DPVST** WELCH, RON NAME NAME WELCH, RONALD F STREET ADDRESS 3330 SHOAL LINE BLVD STREET ADDRESS 3330 SHOAL LINE BLVD CITY-ST-ZIP CITY-ST-ZIP **HERNANDO BEACH FL 34667** HERNANDO BEACH FL 34667 Delete ☐ Change ☐ Addition TITLE WELCH, LOIS P NAME NAME STREET ADDRESS **8213 ELEANOR STREET** STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE WELCH, ROBERT F NAME NAME **8213 ELEANOR STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. PONALD F LIFT CH

RONALD F WELCH (352) 596-7001 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR