

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

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 025 ***150.00

DOCUMENT # P98000104366	
1. Entity Name	
RON WELCH PAINTING INC	

DO NOT WRITE IN THIS SPACE

54000476

2. Principal Place of Business 3330 SHOAL LINE BLVD Suite, Apt. #, etc.	3. Mailing Address 8213 ELEANOR ST Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HERNANDO BEACH, FL	City & State SPRING HILL FL	4. FEI Number 59-3547964	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34607-3437	Country USA	Zip 34606-3240	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RONALD F WELCH
Street Address (P.O. Box Number is Not Acceptable)
4197 DIAZ CT
City
HERNANDO BEACH **FL** **Zip Code**
34607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVP RONALD F WELCH 4197 DIAZ CT HERNANDO BEACH, FL 34607
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11.

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Ronald F Welch

RONALD F WELCH PRESIDENT

Date

(352) 596-7001

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR