

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109879

1. Entity Name

WELCH ENTERPRISES, INC.

Principal Place of Business

C/O NANCY E. CROWN, P.A.
7301 WEST PALMETTO PARK ROAD #104-B
BOCA RATON FL 33433

Mailing Address

C/O NANCY E. CROWN, P.A.
7301 WEST PALMETTO PARK ROAD #104-B
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

3271 S.W. Rivers End Way 3135 S.W. Rivers End Way

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

52-2210945

Applied For

Not Applicable

Zip

34990

Country

MARTIN

Zip

34990

Country

MARTIN

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROWN, NANCY E ESQ.
7301 WEST PALMETTO PARK ROAD
SUITE 104-B
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

000

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

Susan K. Helton

(NOTE: Registered Agent signature required when reinstating)

DATE

04-27-2000

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

CR2E034 (9/99)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELTON, SUSAN K C/O 7301 W. PALMETTO PK. ROAD #104-B BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Susan K. Helton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-287-
04-28-2000 4555

Date
11/11/00

Daytime Phone #