

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03772

1. Entity Name

WELLER ENTERPRISES OF CTRL FL INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90101 014 \*\*\*150.00

Principal Place of Business

1169 MICHAEL AVE.  
DELTONA FL 32738

Mailing Address

1169 MICHAEL AVE.  
DELTONA FL 32738-6163

2. Principal Place of Business

999 WILLIAMS DITCH RD

Suite, Apt. #, etc.

3. Mailing Address

999 WILLIAMS DITCH RD

Suite, Apt. #, etc.

City & State

CANTONMENT FL.

City & State

CANTONMENT FL.

4. FEI Number

59-3099072

Applied For

Not Applicable

Zip

32533

Country

ESCAMBIA

Zip

32533

Country

ESCAMBIA

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

WELLER, JEAN

1169 MICHAEL AVE. 999 WILLIAMS DITCH RD  
DELTONA FL 32738 CANTONMENT, FL 32533

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, 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 PVS  
NAME WELLER, RALPH JR.  
STREET ADDRESS 1169 MICHAEL AVE.  
CITY-ST-ZIP DELTONA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 999 Williams Ditch Rd  
Cantonment FL 32533

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Jean Weller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00  
Date

850 968 6400  
Daytime Phone #

CR2E034 (9/99)