2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 484121

1. Entity Name

WEYER CUSTOM HOMES, INC.



FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90437 040 ***150.00

Principal Place of Business 4626 EMPIRE AVE. JACKSONVILLE FL 32207		Mailing Address 4626 EMPIRE AVE. JACKSONVILLE FL 322	07			
, Disabal	N					
2. Principal Place of Business		3. Mailing Address		1 104111 05401 14114 41861 11418 11441 1561 41411	alati alah siati dikit bibit (bk	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-1620232	4. FEI Number 59-1620232 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered	Agent	
			Name			
WEYER, WILLIAM G. 4626 EMPIRE AVE			Street Addres	Address (P.O. Box Number is Not Acceptable)		
JACKSON	IVILLE FL 32207			100000		
	•		City	FL	Zip Code	
After	Signature, typed or printed name of registered ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 to Payable to Florida Department	.00	DTE: Registered Agent signature requ	9. Election Campaign Financing	\$5.00 May Be Added to Fees	
10.	OFFICERS A	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
IITLE NAME Street address City-St-Zip	PDS WEYER, WILLIAM G 4626 EMPIRE AVE. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEYER, PATRICIA M 4626 EMPIRE AVE JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ittle Name Street address City-St-Zip	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- , - *	Change Addition	
ITLE IAME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	*	☐ Change ☐ Addition	

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 eath; 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

1-10-03

90# 993-6214 Dayline Phone #

☐ Change

☐ Change

Addition

Addition

(00/07/ /0/00)