

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000015070

Entity Name: WEVEST, LLC

FILED
Sep 02, 2003
Secretary of State

Current Principal Place of Business:

6704 E. FOWLER AVE
TAMPA, FL 33617

New Principal Place of Business:

P.O. BOX 273715
TAMPA, FL 336883715

Current Mailing Address:

6704 E. FOWLER AVE
TAMPA, FL 33617

New Mailing Address:

P.O. BOX 273715
TAMPA, FL 336883715

FEI Number: 65-1135000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAND, ALBERTA P
17425 CEDARWOOD LOOP
LUTZ, FL 33558

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ORT, STEPHANIE
Address: 18161 HERON WALK DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: BLAND, ALBERTA P
Address: 17425 CEDARWOOD LOOP
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORT, STEPHANIE
Address: 11105 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERTA BLAND

MGRM

09/02/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date