

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2001 08:00 AM
Secretary of State

DOCUMENT # P94000039675

1. Entity Name
 IRVING B. WEINER, PH.D., P.A.

Principal Place of Business 2807 W BUSCH BLVD SUITE 105 TAMPA 33618 FL	Mailing Address 2807 W BUSCH BLVD SUITE 105 TAMPA 33618 FL
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2. Principal Place of Business 13716 HALLIFORD DR	3. Mailing Address 13716 HALLIFORD DR
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State TAMPA FL	City & State TAMPA FL
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Zip 33624	Country	Zip 33624	Country
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4. FEI Number
59-3247620

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEINER IRVING B
 2807 W BUSCH BLVD
 SUITE 105
 TAMPA
 33618
 FL

7. Name and Address of New Registered Agent

Name
 WEINER IRVING B

Street Address (P.O. Box Number is Not Acceptable)
 13716 HALLIFORD DR

City
 TAMPA
 FL

Zip Code
 33624

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 _____ **04/15/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	S WEINER FRANCES S. 13716 HALLIFORD DR. TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEINER FRANCES S. 13716 HALLIFORD DR. TAMPA FL 33624 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: IRVING B WEINER **P** **04/15/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)