FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90241 030 ***150.00

DOCUMENT # V50918

1. Entity Name
M. WEIMER ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
200 2ND AVE. [redacted]S.		200 2ND AVE. S.	
Suite, Apt. #, etc. #116		Suite, Apt. #, etc. #116	
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL	
Zip 33701	Country US	Zip 33701	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0345728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WEIMER MARK J.
Street Address (P.O. Box Number is Not Acceptable) 1515 OAK ST. NE
City ST. PETERSBURG **FL** Zip Code 33704

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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	[redacted] PT	TITLE	
NAME	WEIMER, MARK J.	NAME	
STREET ADDRESS	200 2ND AVE. S. #116	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP	
TITLE		TITLE	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/18/02 (727) 896-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #