2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 358652 1. Entity Name WEAVER DEVELOPMENT CORPORATION 03-21-2000 90078 033 ***150.00 Principal Place of Business Mailing Address P.O. BOX 313 4662 LOTUS WAY BOYNTON BEACH FL 33425-0313 **BOYNTON BEACH FL 33436** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-1320413 Not Applicable PALM BEACH Zip Country \$8.75 Additional 5. Certificate of Status Desired 33436-2931 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEAVER, STANLEY C Street Address (P.O. Box Number is Not Acceptable) 4662 LOTUS WAY **BOYNTON BCH FL 33436** 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. 14 March 2000 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Change ☐ Delete TITLE WEAVER, MELVIN NAME NAME 9524 CROSS CREEK DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE WEAVER, STANLEY NAME 4662 LOTUS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE WEAVER, CURTIS A. NAME NAME 4384 CARYOTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI È WEAVER, STANLEY NAME NAME 4662 LOTUS WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **BOYNTON BCH FL 33436** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP.

13. I hereby certify that the information supplied with this filling 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.