2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 360374** EMIL WEIMAN, INC. 01-29-2001 90157 007 ***150.00 Principal Place of Business Mailing Address 4727 DEL PRADO BLVD 4727 DEL PRADO BLVD CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-6055996 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEIMAN, JOYCE E Street Address (P.O. Box Number is Not Acceptable) 2825 SE 17TH AVE CAPE CORAL FL 33904 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Change ☐ Addition TITLE TITLE WEIMAN, JOYCE NAME NAME 2825 SE 17TH AVE STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 00000 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE. ☐ Delete TITLE Change BARRATT, EVELYN NAME NAME 14516 SW 79TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ARCHER FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Ch ☐ Addition WEIMAN, JOHN WEIMAN, JOHN P.O. BOX 100635 NAME NAME P.O. BOX 635 STREET ADDRESS STREET ADDRESS CAPE CORAL CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP 33910 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appreciate with all other like empowered.