

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90141 006 ***150.00

0350921 AV

DOCUMENT # **375961**

1. Entity Name
WIELAND DESIGN ASSOCIATES, INC.



Principal Place of Business 301 N. PINE ISLAND RD. #148, P.O. BOX 17106 PLANTATION FL 33318	Mailing Address 301 N. PINE ISLAND RD. #148, P.O. BOX 17106 PLANTATION FL 33318
---	---



2. Principal Place of Business 7551 ARAGON Blvd, South	3. Mailing Address SAME
Suite, Apt. #, etc. Suite #1	Suite, Apt. #, etc.
City & State SUNRISE, FL	City & State SAME
Zip 33313	Country USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1440069**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WIELAND, JAMES T.
301 N PINE ISLAND DR.
#148
PLANTATION FL 33318**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
V <input type="checkbox"/> Delete	WIELAND, KRENT 371 SE 11 STREET POMPANO BEACH FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P <input type="checkbox"/> Delete	WIELAND, JAMES T 301 N PINE ISLAND RD., #148 PLANTATION, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST <input type="checkbox"/> Delete	WIELAND, ARLENE 301 N PINE ISLAND RD., #148 PLANTATION, FL 00000	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES T. WIELAND** 4/1/03 954-572-4363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)