

2000 UNIFORM BUSINESS REPORT (UBR)

05-23-2001 91189 026 ***61.25

FILED 557835

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 13 AM 8:15

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DOCUMENT # 557835

1. Entity Name:

Weekley Enterprises, INC.

Principal Place of Business

Mailing Address

6096 Berryhill Road
Milton, FL 32570

2. Principal Place of Business

6096 Berryhill Road

Suite, Apt. #, etc.

3. Mailing Address

6096 Berryhill Road

Suite, Apt. #, etc.

City & State

Milton, FL 32570

Zip

Country

City & State

Milton, FL 32570

Zip

Country

4. FEI Number

59-1799020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Thomas Weekley
5854 Hogans Alley
Milton, FL 32570

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

Signature, Name or Printed Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/01

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 11, 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 | President | <input type="checkbox"/> Delete |
| NAME | Thomas M. Weekley | |
| STREET ADDRESS | 5854 Hogans Alley | |
| CITY-ST-ZIP | Milton, FL 32570 | |
| TITLE | Secretary/Treasurer | <input type="checkbox"/> Delete |
| NAME | Patricia K. Weekley | |
| STREET ADDRESS | 5854 Hogans Alley | |
| CITY-ST-ZIP | Milton, FL 32570 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

| | | |
|----------------|---------------------|--|
| TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Karyn H. Weekley | |
| STREET ADDRESS | 6477 Willowtree Ct. | |
| CITY-ST-ZIP | Milton, FL 32570 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

5/15/01 (850) 623-3476

CR2E034 (9/99)

6/16