

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90015 012 ***158.75

MAJOR AV

DOCUMENT # 675439

1. Entity Name

WEGMAN ASSOCIATES, INC.

Principal Place of Business

**8001 NORTH DALE MABRY HIGHWAY
 STE 101A
 TAMPA FL 33614
 US**

Mailing Address

**8001 NORTH DALE MABRY HIGHWAY
 SUITE 101A
 TAMPA FL 33614
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2005404

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANKIN, DAVID

**14502 NORTH DALE MABRY
 STE 332
 TAMPA FL 33618**

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]

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE - ☒ Delete
 NAME **VP SCHUSTER, SIDNEY M.**
 STREET ADDRESS **508 E. DAVIS BLVD.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PTD WEGMAN, W JOE**
 STREET ADDRESS **13618 GREENFIELD DR, APT 404**
 CITY-ST-ZIP **TAMPA, F 00000**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VPS NALES, KAREN K.**
 STREET ADDRESS **1924 GREGORY DR**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☒ Addition
 NAME **S BRYANT, JANICE F.**
 STREET ADDRESS **2601 WILSON CIR**
 CITY-ST-ZIP **LUTZ, FL 33548**

TITLE ☐ Delete
 NAME **VP FERRIER, KEITH R**
 STREET ADDRESS **911 WOODLEAF WAY**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP CHASTAIN, TERRY**
 STREET ADDRESS **16201 W COURSE DR.**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.J. Wegman, Jr.

2/18/02

(813) 933-7418

Date

Daytime Phone #

CR2E034 (9/01)