

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90143 039 ***158.75

MACRS 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**

60013562



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2005404**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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
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

TITLE **PTD** ☒ Delete
NAME **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 **VPS** ☐ Delete
NAME **BRYANT, JANICE F**
STREET ADDRESS **2601 WILSON CIR**
CITY-ST-ZIP **LUTZ FL 33548**

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2820 DUNCAN TREE CIRCLE**
CITY-ST-ZIP **VALRICO, FL 33594**

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

TITLE **President** ☒ Change ☐ Addition
NAME **Chastain TERRY**
STREET ADDRESS **16201 W Course Dr**
CITY-ST-ZIP **Tampa FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

TERRY CHASTAIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 JAN 03 813933-7418
Date Daytime Phone #

CR2E034 (10/02)