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2001	UNIFORM	BUSINESS	REPORT (UBI	R)		

DOCUM 1. Entity Name	/ 10	80000	02622							4157 A
WEILER LT	D. PARTNERSHIP	1					FILE	D.		5
Principal Place of Business Mailing Address 16656 BOBCAT COURT 16656 BOBCAT COURT FT. MYERS FL 33908 FT MYERS FL 33908		656 BOBCAT COURT				1 MAY 14 ECRETARY O RELAHASSER				
2. Principal Place of Business 3. Mailing Address ///8 Me			118 Mein	naci	t Cir					
Suite, Apt. #,	etc.	'	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	ACE	
City & State		ير ا	City & State 1 ed i n a , (014	To	4. FEI Number	65-0883687		Applied Fo	
Zip	Country		Zip 44256	Coun	usA	5. Certificate o	f Status Desired		8.75 Additional	
	6. Name and Address	of Current Regist	tered Agent		Manage	7. Name and A	ddress of New Reg	istered Ag	ent	二
WEILER, ROBERT G 16656 BOBCAT COURT FT. MYERS FL 33908			-	Name Street Address (P.O. Box Number is Not Acceptable)						
ri. Micho i	L 33300	1			City		<u> </u>	FL	Zip Code	_
8. The above na	amed entity submits this st		Pobert G. 1	(Veil	ed office or register	V.P.	in the State of Florid	la. ///o/	/	
9. Capital Contras Shown on	ibutions ea ann o		10. Amount of Capit	al Contrik		0,907	11. MAKE CHECK SEE REVERSE		O DEPT. OF STATE FEE INFORMATION	
	A GENERAL PA NOTE: General Par	RTNER THAT I	S A BUSINESS EN T be changed on the	TITY M	UST BE REGIST an amendmen	ERED AND AC	TIVE WITH THIS to change a gene	OFFICE. eral partn	er.	
12.	GENERA	L PARTNER INFO		13.			ADDRESS CHAN			\exists $ [$
NAME W	98000081094 /EILER CORP. 3656 BOBCAT COURT				ET ADDRESS					3 (11/00)
CITY-ST-ZIP	r. MYERS FL 33908		·	CITY	-ST-ZIP					CR2F003
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STREET ADDRESS CITY-ST-ZIP					ST-ZIP					
indicated on	tify that the information su this report is true and acc	pplied with this fill curate and that m	ing does not qualify for y signature shall have t	the exer	nption stated in Se legal effect as if m	ction 119.07(3)(i), sade under oath; ti	riorida Statutes. I fu nat I am a General Pa	rtner certify artner of th	that the information ilmited partnershi	n p or

SIGNATURE:

15 CO BETT 6 Writer, Jr. 5/11/01 330/713-6312

RE OF SIGNING GENERAL PARTNER

Date

Paytime Phone #