## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # F03463** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** WESTON TRAWICK, INC. 02-22-2000 90012 014 \*\*\*150.00 Principal Place of Business Mailing Address 2818-H INDUSTRIAL PLAZA DRIVE (32301) 2818-H INDUSTRIAL PLAZA DRIVE (32301) P.O. BOX 12264 P.O. BOX 12264 TALLAHASSEE FL 32317 TALLAHASSEE FL 32317-2264 2. Principal Place of Business 3. Mailing Address 5392 Tover Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2029217 Not Applicable Country OSA Country \$8.75 Additional 5. Certificate of Status Desired 32303 Fee Required 6. Name and Address of Current Registered Agent. 7.-Name and Address of New Registered Agent Bernie WESTON, BERNIE Street Address (P.O. Box Number is Not Acceptable) 2818-H INDUSTRIAL PLAZA TALLAHASSEE FL 32301 5392 Tower 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President of Operationange weston, Bernie Kd. TITLE Addition TITLE Defete NAME NAME WESTON. BERNIE STREET ADDRESS STREET ADDRESS 2818-H INDUSTRIAL PLAZA CITY-ST-ZIP Prasident of Finance CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ Addition ☐ Delete TITLE TITLE NAME NAME TRAWICK, CURT Trawick, CURT STREET ADDRESS STREET ADDRESS 2818H INDUSTRIAL 5092 Fover Rd. 32303 CITY-ST-ZIP CITY-ST-ZIP Talahassee Fl ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.