

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90177 019 ***150.00

0646826 AT

DOCUMENT # F93000004905

1. Entity Name
WEATHERFORD/MCDADE, LTD. CORPORATION



Principal Place of Business
**1662 LELIA DR
JACKSON MS 39216**

Mailing Address
**1662 LELIA DR
JACKSON MS 39216**

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 **64-0598929**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

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. 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

TITLE ☐ Delete
NAME **P WEATHERFORD, DWIGHT W**
STREET ADDRESS **1662 LELIA DR**
CITY-ST-ZIP **JACKSON MS**

TITLE ☐ Delete
NAME **V MCDADE, PHILLIP L**
STREET ADDRESS **1662 LELIA DR**
CITY-ST-ZIP **JACKSON MS**

TITLE ☐ Delete
NAME **S MCDADE, CORINNE L**
STREET ADDRESS **227 MACKEY DR**
CITY-ST-ZIP **MADISON MS**

TITLE ☐ Delete
NAME **T WEATHERFORD, LYNDIA W**
STREET ADDRESS **169 WEBB LANE**
CITY-ST-ZIP **BRANDON MS**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-03 601 3629707

Date

Daytime Phone #

CP2E034 (10/02)

80119382
F93000004905



Planning Consultants • Landscape Architects

May 13, 2003

FLORIDA DEPARTMENT OF STATE
Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

RE: Document #F93000004905
FEI 640598929

Dear Sir/Madam:

Pursuant to my telephone conversation this date with your office, we are writing to let you know the reason for our late filing, and were told that the late fee would be waived.

I am the bookkeeper, and have been out of the office, as has the Principal of the firm. We have just now been able to connect and get his go-ahead to file. Thank you for accepting our filing fee of \$150.00.

Sincerely,

A handwritten signature in cursive script, reading 'Corinne L. McDade'.

Corinne L. McDade
Bookkeeper
/clm

Enclosures