

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 013 ***150.00

DOCUMENT # *F94000004331*

1. Entity Name

THE WEIDMAN CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15730 GLENDALE LN.

Suite, Apt. #, etc.

3. Mailing Address

15730 GLENDALE LN.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL.

City & State

FORT MYERS, FL.

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

61-1235896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LARRY WEIDMAN

Street Address (P.O. Box Number is Not Acceptable)

15730 GLENDALE LN.

City

FORT MYERS

FL

Zip Code

33912

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/2002

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
LARRY WEIDMAN
15730 GLENDALE LN.
FORT MYERS, FL. 33912*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
LUM. YOUNGLING
1830 ENBARADAR
FORT MYERS, FL. 33917*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*SECT. TREASURER
JEANETTE YOUNGLING
1830 ENBARADAR
FORT MYERS, FL. 33917*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry Weidman
LARRY G. WEIDMAN

4/4/2002 941-489-2145

CR2E034B (12/01)