

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90065 026 ***150.00

DOCUMENT # F96000000329

1. Entity Name
WEIS RENTALS, INC.

Principal Place of Business
Eldorado
2026 EL ARMANDO PKWY WEST
CAPE CORAL FL 33914

Mailing Address
Eldorado
2026 EL ARMANDO PKWY WEST
CAPE CORAL FL 33914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
48-0773942

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

WEIS, GARY L
3628 SAN CARLOS DRIVE
ST JAMES CITY FL 33956

Change

Name
WEIS Gary L
Street Address (P.O. Box Number is Not Acceptable)
2026 Eldorado Pky West
City **Cape Coral** **FL** **Zip Code** **33914**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME WEIS, GARY L	
STREET ADDRESS 3628 SAN CARLOS DRIVE	
CITY-ST-ZIP ST JAMES CITY FL 33956	
TITLE DT	<input checked="" type="checkbox"/> Delete
NAME WEIS, CHARLOTTE	
STREET ADDRESS 3628 SAN CARLOS DRIVE	
CITY-ST-ZIP ST JAMES CITY FL 33956	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE WEIS Gary L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIS Gary L	
STREET ADDRESS 2026 Eldorado Pky West	
CITY-ST-ZIP Cape Coral FL 33914	
TITLE WEIS Charlotte	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIS Charlotte	
STREET ADDRESS 2026 Eldorado Pky West	
CITY-ST-ZIP Cape Coral FL 33914	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Gary L Weis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02
 Date

Daytime Phone #

CR2E034 (9/01)