May 10, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800001473

1. Corporation Name

NU WEATHERSIDE OF PEORIA, INC.

Principal Place	e of Business	Mailing Address	-			1 1481144 1114 14141 14111 44111	10 (1): 10 (1): 10 (1)		(4040 1111 1401
525 56TH STREET 525 56TH STREET									
HOLMES BEACH FL 34217 HOLMES BEACH FL 34217			,			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed	111100	TOL	
						03/16/1998			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number] Ar	plied For
21		26				37-0693286		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_					\$8.75	Additional
22	•	27				5. Certifcate of Status Desired		Fee Re	quired
City & State	e	City & State	_			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip		intry		8. This corporation owes the current			
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agent		81	Nama	10. Name and Address of New Re	gistered A	gent	_
CEE	raerts, ted			"	Name				
	56TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)		
	MES BEACH FL 34217			83			_		
1100	INICO DENOTITE 34217			03]
				84	City		FL	85 Zip	Code
44 Disservent	the provisions of Costions 607 0500	and 607 1508 Florida Statut	tae the a	bove-	named corno	pration submits this statement for the pu	rpose of ci	hanging its	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Stat	utes.		n's board of directors. I hereby accept			
		Land title if applicable (NOTE	Registered	Agent s	signature required	when reinstating)	DATE		
12	Signature, typed or printed name of registered agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registered	Agent s	signature required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
12.	OFFICERS AN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			signature required			DIRECTO	DRS IN 12
12. TITLE NAME	OFFICERS AN	D DIRECTORS	13.	TLE	signature required				
TITLE NAME	OFFICERS AND PT GEERAERTS, TED	D DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	ADDRESS				
TITLE NAME STREET ADDRESS	OFFICERS AND PT GEERAERTS, TED 525 56TH STREET	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME	ADDRESS				
TITLE NAME	OFFICERS AND PT GEERAERTS, TED	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET A	ADDRESS		CERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT GEERAERTS, TED 525 56TH STREET HOLMES BEACH FL 34217 VS	D DIRECTORS	13. 1.1 TI 1.2 Ni 1.3 SI 1.4 Ci	TLE AME TREET A TY-ST-; TLE	ADDRESS		CERS AND	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PT GEERAERTS, TED 525 56TH STREET HOLMES BEACH FL 34217 VS GEERAERTS, KATHLEEN T	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 Ci 2.1 Ti 2.2 N/	TLE AME TREET A TY-ST-: TLE AME	ADDRESS		CERS AND	Change	Addition
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14. 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 angular report or supplemental annual 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 compration or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR