

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G51794**

1. Entity Name

WEIGLE'S EQUIPMENT REPAIR INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90102 024 ***150.00

Principal Place of Business

C/O DONALD E. WEIGLE
2549 CLARK ST
APOPKA FL 32703

Mailing Address

C/O DONALD E. WEIGLE
2549 CLARK ST
APOPKA FL 32703-2112

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

59-2305892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, GEORGE H
625 MAGNOLIA ST
WINDERMERE 34786

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.

SIGNATURE

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

(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, 2000 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

TITLE **VP** ☐ Delete
NAME **WEIGLE, DONALD E**
STREET ADDRESS **606 PARKWOOD AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **P** ☐ Delete
NAME **GIBSON, GEORGE H.**
STREET ADDRESS **625 MAGNOLIA ST**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **VP** ☒ Delete
NAME **GIBSON, GEORGE H.**
STREET ADDRESS **625 MAGNOLIA ST**
CITY-ST-ZIP **WINDERMERE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

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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)(l), 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:

George H. Gibson president

Date

Daytime Phone #

1/17/00 407-293-3211

CR2E034 (9/99)