## **2003 FOR PROFIT CORPORATION**

## FILED Jan 09, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State H10611 DOCUMENT # 01-09-2003 90072 026 \*\*\*158.75 WEEKS TOWING & AUTOMOTIVE, INC. Mailing Addréss Principal Place of Business 1488 LACONIA DRIVE 1955 CARROLL ST. CLEARWATER FL 34624 **CLEARWATER FL 34618** 3. Mailing Address Carroll 5+ 2. Principal Place of Business CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2419379 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEEKS, JOHN M. Street Address (P.O. Box Number is Not Acceptable) 1488 LACONIA DRIVE 1609 CLEARWATER FL 33546 Gentru 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. SIGNATURI FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. 10. Addition Delete TITLE TITLE Sean Cordner-James WEEKS, JOHN M. NAME NAME 1609 Gentry St 1488 LACONIA DRIVE STREET ADDRESS STREET ADDRESS CLEARWATER FL CITY-ST-ZIP Mearwater CITY-ST-ZIP Change Addition TITLE TITLE WEEKS, EILEEN R. NAME NAME -1488 LACONIA: DRIVE --STREET ADDRESS, STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ST TITLE KUKLISH, ANGELA NAME NAME STREET ADDRESS 2817 BRANCH CREEK AVE STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760-1958 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

TPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (10/02)