

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

FILED

03 NOV 19 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H 15919*

1. Entity Name

WEATHER PROOF, INC.



DO NOT WRITE IN THIS SPACE

REINSTATEMENT *03*

000024844830

11/19/03--01012--014 **158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

142 OAKVIEW CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE MARY FL 32746

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2457622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS MARTIN

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

142 OAKVIEW CIRCLE

City

LAKE MARY

FL

Zip Code

32746

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
THOMAS MARTIN
142 OAKVIEW CIRCLE
LAKE MARY, FL 32746*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
WANDA K. MARTIN
142 OAKVIEW CIRCLE
LAKE MARY, FL 32746*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duplicate Phone #

CR2E034B (12/02)

October 29, 2003

Thomas Martin, President
Weatherproof, Inc.
142 Oakview Circle
Lake Mary, FL 32746

Florida Department of State
Division of Corporations
Attn: Corporate Reinstatements
P.O. Box 6327
409 East Gaines St.
Tallahassee, FL 32399

Re: REINSTATEMENT REQUESTED—ANNUAL REPORT NOT RECEIVED

Encl: Corporate Reinstatement Form
Check made payable to Department of State for \$158.75

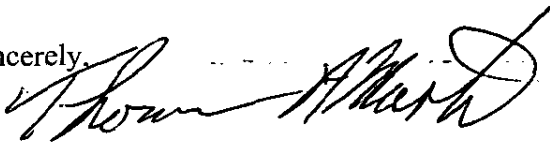
Dear Sir or Madam:

Please find enclosed our Corporate Reinstatement Form. To the best of my knowledge, we never received our 2002 Annual Report Form(s).

Based on such, we respectfully request our late filing penalty, or penalties, be waived.

Please find enclosed our check for \$158.75, including \$150.00 for our 2003 Annual Report and \$8.75 for a Certificate of Status.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas Martin", written over a horizontal line.

Thomas Martin, President
Weatherproof, Inc.