

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90967 038 \*\*\*150.00

**DOCUMENT #** H33138  
1. Entity Name  
**T,A,WEEKS & ASSOCIATES, INC.**

**DO NOT WRITE IN THIS SPACE**

**80056863**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1815 Thornhill Road</b> Suite, Apt. #, etc. <b>Auburndale, FL 33823</b>		3. Mailing Address <b>1815 Thornhill Road</b> Suite, Apt. #, etc. <b>Auburndale, FL</b>	
City & State <b>Auburndale, FL</b>		City & State <b>Auburndale, FL</b>	
Zip <b>33823</b>	Country <b>Polk</b>	Zip <b>33823</b>	Country <b>Polk</b>

4. FEI Number <b>59-2542902</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Dolores C. Barton** Treasurer

Street Address (P.O. Box Number is Not Acceptable)  
**1815 Thornhill Road**

**Auburndale, Florida 33823**

City  
**Auburndale, Florida** **FL** Zip Code  
**33823**

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 *Dolores C. Barton* **Dolores C. Barton** **3/23/02**  
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) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Weeks, T.A.</b> <b>1815 Thornhill Road</b> <b>Auburndale, FL 33823</b>	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	<b>SD-T</b> <b>Barton, Dolores C.</b> <b>1815 Thornhill Road</b> <b>Auburndale, FL 33823</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Barton, C. A.</b> <b>1815 Thornhill Road</b> <b>Auburndale, FL 33823</b>	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	

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

SIGNATURE: *Dolores C. Barton* **Dolores C. Barton** Secretary **863-967-1129**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)