## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## H74448 DOCUMENT #

1. Entity Name

WEYANT ENGINEERING OF THE TREASURE COAST, INC.



**FILED** Mar 18, 2003 8:00 am & Secretary of State 03-18-2003 90067 030 \*\*\*150.00

*******	ENGINEERING OF THE H	ichoonie oodor, ii	VE WEEK	<b>5</b>		
201 S.W. PO	ice of Business ORT ST. LUCIE BLVD., #104 UCIE FL 34984	Mailing Address 201 S.W. PORT ST. LUCIE BLVD., #104 PORT ST. LUCIE FL 34984			e.	
2. Principal	Place of Business	3. Mailing Address			.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			. 0.1431050	
City & State		City & State		CHECK HERE IF MAKING CHANGES		
		City & State		4. FEI Number 59-2666268		oplied For ot Applicable
Zip	Country	Zip	Country		\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	•	·· · · · · · · · · · · · · · · · · · ·
WEYANT, DWIGHT R.			Name	Name		
	PORT ST. LUCIE BLVD., #104	·	Street Address	s (P.O. Box Number is Not Acceptable)		
	. LUCIE FL 34984			, <u></u>		
			City	FL	Zip Cod	e
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am f	amiliar with	and accept
the obliga	itions of registered agent.			<b>3</b>		and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E: Registered Agent signature requir	red when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00		2. registores rigan dignature regis			
ு Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be to Fees
10.	OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEYANT, DWIGHT R. 201 SW PSL BLVD, STE 104 PSL FL 34984	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	☐ Addition ¹
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME OVEREZ ARRESO			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME STREET ADDRESS			NAME CEDEST ASSESSED			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			}
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE		☐ Change	Addition
NAME			NAME		-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
NAME STREET ADDRESS			NAME		-	
CITY-ST-ZIP			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.

SIGNATURE: 💇

72-335-0772