

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K05477

1. Entity Name

WEEKS SEAFOOD INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90087 005 ***150.00

Principal Place of Business

15496 S. ALDAMA CIR.
PORT CHARLOTTE FL 33981

Mailing Address

15496 S. ALDAMA CIR.
PORT CHARLOTTE FL 33981-4614

2. Principal Place of Business

1571 SAWYER CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

Zip

33981

Country

CHARLOTTE

Country

4. FEI Number

65-0017512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKS, JAMES B.
1047 ALDAMA CIRCLE
PORT CHARLOTTE FL 33981

7. Name and Address of New Registered Agent

Name

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

15496 ALDAMA CIRCLE

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

Cindy L. Weeks

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

(NOTE: Registered Agent signature required when reinstating)

2.28.00

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 PTD ☐ Delete
NAME WEEKS, JAMES B.
STREET ADDRESS 1047 ALDAMA CIR.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE VSD ☐ Delete
NAME WEEKS, CINDY L.
STREET ADDRESS 1047 ALDAMA CIR.
CITY-ST-ZIP PORT CHARLOTTE 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15496 ALDAMA CIRCLE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15496 ALDAMA CIRCLE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cindy L. Weeks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CINDY WEEKS

2.28.00 (941)698-4777

Date

Daytime Phone #

CR2E034 (9/99)