2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K05477**

WEEK496* 33
NOTIFY SENDE
:WEEKS SEAFO
~~10433=SAINT~~
PORT—CHARLOT

1. Entity Name
WEEKS SEAFOOD INC.

Principal Place of Business
7571 SAWYER CIRCLE
PORT CHARLOTTE FL 33981

Mailing Address
15496 S. ALDAMA CIR.
PORT CHARLOTTE FL 33981

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ CHECK HERE IF MAKING CHANGES
City & State	City & State	**4.** FEI Number **65-0017512** / Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ / **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
WEEKS, JAMES B. 15496 ALDANIA CIRCLE PORT CHARLOTTE FL 33981	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Cindy Weeks_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 1·15·03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME WEEKS, JAMES B. STREET ADDRESS 15496 S. ALDAMA CIR CITY-ST-ZIP PORT CHARLOTTE FL 33981	☐ Delete	TITLE NAME STREET ADDRESS 10433 SAINT PAUL DR. CITY-ST-ZIP PORT CHARLOTTE, FL 33981	☑ Change ☐ Addition
TITLE VSD NAME WEEKS, CINDY L. STREET ADDRESS 15496 S. ALDAMA CIR CITY-ST-ZIP PORT CHARLOTTE FL 33981	☐ Delete	TITLE NAME STREET ADDRESS 10433 SAINT PAUL DR CITY-ST-ZIP PORT CHARLOTTE, FL 33981	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _SIGNATURE REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1·15·03   Daytime Phone # 941-698-4777