

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90041 010 ***150.00

DOCUMENT # K93051

1. Entity Name

W-E-E, INC.

Principal Place of Business

13220 TIFTON DR.
 TAMPA FL 33618

Mailing Address

13220 TIFTON DR.
 TAMPA FL 33618

2. Principal Place of Business

13620 LAKE MAGDALENE BLVD

3. Mailing Address

13620 LAKE MAGDALENE BLVD

Suite, Apt. #, etc.

UNIT 612

Suite, Apt. #, etc.

UNIT #612

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33618

Country

HILLSBOROUGH

Zip

33618

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

SCHWARZKOPF WALTER W.
 13220 TIFTON DR
 TAMPA FL 33618

7. Name and Address of New Registered Agent

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.

SIGNATURE Walter W. Schwarzkopf (WALTER W SCHWARZKOPF) PRESIDENT.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | D | <input type="checkbox"/> Delete |
| NAME | COLLINS, CAROL | |
| STREET ADDRESS | 13220 TIFTON DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SCHWARZKOPF, WALTER W | |
| STREET ADDRESS | 13220 TIFTON DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #612 |
| CITY-ST-ZIP | TAMPA FL 33618 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 13620 LAKE MAGDALENE BLVD #612 |
| CITY-ST-ZIP | TAMPA FL 33618 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Walter W. Schwarzkopf WALTER W. SCHWARZKOPF 2/23/02 813-887-1502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)