

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K94494**

1. Entity Name

JOHN WEIGERT, P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90380 015 ***150.00

Principal Place of Business

3330 FAIR FIELD AVE
WEST PALM BEACH FL 33420

Mailing Address

3330 FAIR FIELD AVE
WEST PALM BEACH FL 33420

2. Principal Place of Business

3330 Fair Field Ave
Suite, Apt. #, etc.
Palm Beach Gardens
City & State

3. Mailing Address

P.O. Box 31248
Suite, Apt. #, etc.
Palm Beach Gardens
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0127106

Applied For

Not Applicable

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

WEIGERT, JOHN
3330 FAIR FIELD AVE
PALM BEACH GARDENS FL 33420

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

John Weigert Pres *John Weigert Pres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/2000
4/21/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIGERT, JOHN 3330 FAIR FIELD AVE PALM BEACH GARDENS FL 33420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

John Weigert Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

Date

561-936-1126

Daytime Phone #

CR2E034 (9/99)