2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receive

changed, or on an attachment

or trustee em

DOCUMENT # L13441 Sep 01, 2000 8:00 am Secretary of State 1. Entity Name DOUGLAS J. WEILAND, INC. 09-01-2000 90056 001 ***550.00 Principal Place of Business Mailing Address 2250 DREW ST 2250 DREW ST. CLEARWATER FL 34625 CLEARWATER FL 34625 2. Principal Place of Business 3. Mailing Address 3281 Can Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2981252 larwater Not Applicable Zip Country \$8.75 Additional úS 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEILAND, DOUGLAS J. Street Address (P.O. Box Number is Not Acceptable) 3273 LANDMARK **CLEARWATER FL 34623** City Zip Code 8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change | ☐ Addition TITLE ☐ Delete TITLE WEILAND, DOUGLAS J. NAME NAME 3273 LANDMARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST/ZIF 13. I hereby certify that the information supplied w 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 a all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone