

DOCUMENT # L13441

1. Entity Name

DOUGLAS J. WEILAND, INC.

Principal Place of Business

2250 DREW ST.  
CLEARWATER FL 34625

Mailing Address

2250 DREW ST.  
CLEARWATER FL 34625

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WEILAND, DOUGLAS J.  
3273 LANDMARK  
CLEARWATER FL 34623

Name

Street Address

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required)

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 \$550.00.

After SEPTEMBER 13, 2000 Min. will be \$75

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
WEILAND, DOUGLAS J.  
3273 LANDMARK  
CLEARWATER FL 33763

☐ Delete

TITLE

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** SIGNATURE OF PERSONIFIED pro 06/28/00 121-421-111  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (5/00)