## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L76463 1. Entity Name WEED SYSTEMS EQUIPMENT, INC. Principal Place of Business Mailing Address Sulte, Apt. #, etc. City & State Zip Country Country Country Country Country Name

## FILED Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90175 021 \*\*\*150.00

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2. Principal Place of Business		3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State			Ei Number <b>59-3025301</b>		A	pplied For	
								N	ot Applicable	
Zip	Country	Country Zip (		ntry 5. Certificate of Status Desired [				\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Reg	istered Aç	jent		
				Name						
SALZMAN, ANTHONY J.				Street Address (P.O. Box Number is Not Acceptable)						
	UNIVERSITY AVE SUITE A									
	DRAWER 2759									
GAIN	GAINESVILLE FL 32602-2759				City FL Zip Code					
								<u> </u>		
The above i	named entity submits this statement f	or the purpose of changing it	ts register	ed office or	registered ag	ent, or both, in the State of Florid	ia.			
IGNATURE _	Signature, typed or printed name of registered agen	t and title if amplicable (NC	TE: Bogietore	d Agent signati	re required when re	ainetatino)	DATE			
	asgrature, typed or printed harrie or registered ager	trano title il applicable. (NC	TL. negistere	- Agent Signatu	ne required when re	instanty)	DATE		•	
	ration is eligible to satisfy its Intangibl	1	FILE NOW!!! FEE IS \$15			10. Election Campaign Finar	ncina	\$5	<b>00</b> May Be	
Tax filing re (See criteri	equirement and elects to do so.		After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of			Trust Fund Contribution.	ı 🗆		ed to Fees	
`				epartment						
1.	OFFICERS AND		12.		AD <b>D</b>	DITIONS/CHANGES TO OFFIC				
ITLE	D CURREN WAYNE I	☐ Delete	TITE		CURRE	Y, WAYNE L		Change Change	Addition Addition	
IAME TREET AODRESS	CURREY, WAYNE L		MAM RT2	eet address	1540	AMNGE LANE				
ITY-ST-ZIP	8168 ALDERMAN RD MELROSE FL			-ST-ZIP	HAWTH	WRNE, FL 32640	7			
ITLE	D D	Delete	TITL					☐ Change	<b>∡</b> Addition	
IAME	CURREY, BRENDA C	Delete	NAN		CURRE	Y RUTH PANGE LANE		Onlinge	A radition	
TREET ADDRESS	8168 ALDERMAN RD		STR	EET ADDRESS						
ITY-ST-ZIP	MELROSE FL		CITY	/-ST-ZIP	HAWTH	HORNE, FL 32648	)			
TITLE	D	☐ Delete	TITL	E				☐ Change	Additio	
IAME	PAULK, ROGER TYSON		NAM	4E						
STREET ADDRESS	6412 CR 214 SOUTH		STR	EET ADDRESS						
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		CIT	Y-ST-ZIP						
ITLE	D	☐ Delete	TIŤL	.E				☐ Change	Additio	
IAME	ALIX, RICHARD H		NAM	ΑE						
STREET ADDRESS	1830 COLONIAL DR			EET ADDRESS						
CITY-ST-ZIP	GREEN COVE SPRINGS FL		CIT	Y-ST-ZIP						
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NAME			NAI off							
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NAME CTREET ADORESS			NA ett							
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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 the appropriate that the same legal effect as if made under oath; the information indicated on this report of 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 the proposed to 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 the proposed in the propo

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

420-01 352-473-0404

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