

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # L76463**

1. Entity Name

**WEED SYSTEMS EQUIPMENT, INC.**

Principal Place of Business

Mailing Address

% ANTHONY J SALZMAN  
 500 E UNIV. AVE., STE A-PO DRAWER 2759  
 GAINESVILLE FL 32602-2759  
 US

% ANTHONY J SALZMAN  
 500 E UNIV. AVE., STE A-PO DRAWER 2759  
 GAINESVILLE FL 32602-2759  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3025301**

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

**SALZMAN, ANTHONY J.**  
**500 E UNIVERSITY AVE SUITE A**  
**P.O. DRAWER 2759**  
**GAINESVILLE FL 32602-2759**

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CURREY, WAYNE L	
STREET ADDRESS	8168 ALDERMAN RD	
CITY-ST-ZIP	MELROSE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURREY, BRENDA C	
STREET ADDRESS	8168 ALDERMAN RD	
CITY-ST-ZIP	MELROSE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULK, ROGER TYSON	
STREET ADDRESS	6412 CR 214 SOUTH	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALIX, RICHARD H	
STREET ADDRESS	1830 COLONIAL DR	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURREY, WAYNE L	
STREET ADDRESS	154 ORANGE LANE	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURREY, RUTH	
STREET ADDRESS	154 ORANGE LANE	
CITY-ST-ZIP	HAWTHORNE, FL 32640	
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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 352-473-0404

CR2E034 (10/00)