

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *M5926*

1. Entity Name

Weatherspoon Connection Inc.

FILED

02 APR 15 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 N.E. 2ND AVE

3. Mailing Address

130 NW 8TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL.

City & State

Delray Beach, FL.

4. FEI Number

05-0004971

Applied For

Not Applicable

Zip

Country

33444

Palm Beach

Zip

Country

33444

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jimmy Weatherspoon

Street Address (P.O. Box Number is Not Acceptable)

130 NW 8TH AVE

Delray Beach

FL

Zip Code

33444

**DO NOT WRITE
IN THIS SPACE**

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

Jimmy Weatherspoon

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

Jimmy Weatherspoon

130 NW 8TH AVE

Delray Beach, FL. 33444

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

500005337215--2

-04/24/02--01014--027

*****150.00 ****150.00*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIT

Willie C. Weatherspoon

1337 SW 21TH AVE

Delray Beach, FL. 33445

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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**DO NOT WRITE
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jimmy Weatherspoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2002

Date

561-265-3318

Daytime Phone #

CR2E034B (12/01)