

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90131 032 ***150.00

DOCUMENT # M86540

1. Entity Name *NAME change Filed*

WEIGHT LOSS SYSTEMS, INC.

NEW NAME is: 52 P Inc. (52 P, Inc.)

Principal Place of Business

Mailing Address

417 SEA SPRAY LANE
 PONTE VEDRA BEACH FL 32082-4705
 US

417 SEA SPRAY LANE
 PONTE VEDRA BEACH FL 32082-4705
 US

new address

2. Principal Place of Business

624-7 Ponte Vedra Blvd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

FL

4. FEI Number

35-1349772

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

Country

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

BUSCHMAN, ALBERT E., JR.
2215 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE BEACH FL 32250

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** ☐ Delete
 NAME **KING, PATRICK J.**
 STREET ADDRESS **417 SEA SPRAY LANE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition
 NAME **624-7 Ponte Vedra Blvd.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **KING, ELIZABETH L.**
 STREET ADDRESS **417 SEA SPRAY LANE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☒ Addition
 NAME **GERALDINE M. Wildauer**
 STREET ADDRESS **GERALDINE M. WILDAUER**
 CITY-ST-ZIP **7 EAST RING CHERRY HILL, NY 08003**

TITLE **D** ☐ Delete
 NAME **KING, WILLIAM E.**
 STREET ADDRESS **708 BAYBERRY DR**
 CITY-ST-ZIP **BARTLETT IL 60103**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)