

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **200000016723**

1. Entity Name  
**Wee Enterprises Inc.**

Principal Place of Business Mailing Address  
**6646 Crossbow Ln. Same**  
**New Port Richy 34653**

2. Principal Place of Business 3. Mailing Address  
**P.O. Box 564**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Hernando Fl.**

Zip Country Zip Country  
**34442 Citrus**

FILED  
01 SEP 10 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2001 AMENDED UBR**

6. Name and Address of Current Registered Agent  
**Hugh W. Teague**  
**6646 Crossbow Ln.**  
**New Port Richy 34653**

7. Name and Address of New Registered Agent  
Name **Herbert E. Teague**  
Street Address (P.O. Box Number is Not Acceptable)  
**2963 Carolwood PT**  
City **Hernando** FL Zip Code **34442**

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 **Herbert E. Teague** **Herbert E. Teague** **9-4-09**  
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.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>Hugh W. Teague</b> <b>6646 Crossbow Ln.</b> <b>New Port Richy 34653</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <b>Herbert E. Teague</b> <b>2963 Carolwood PT</b> <b>Hernando Fl 34442</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200004614382-0</b> <b>-09/27/01--01087--025</b> <b>*****70.00 *****70.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Herbert E. Teague** **Herbert E. Teague** **9-4-01** **727-639-5611**

CR2E034 (5/01)