5/21/01-90034-050-

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State
05-21-2001 90034 050 ***150.00

DOCUMENT # P00000019397

1. Entity Name
WEATHERBEATERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
243 W. PARK AVE STE 201 WINTER PARK FL 32789	243 W. PARK AVE STE 201 WINTER PARK FL 32789

2. Principal Place of Business	3. Mailing Address
5152 MARBELLA ISLE DR	5152 MARBELLA ISLE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO	ORLANDO
Zip: 32837 Country: FL	Zip: 32837 Country: FL

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3626809 ☐ 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
KEITH DAMARIO 5152 MARBELLA ISLE DR ORLANDO FL 32837	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: K Damario 6.9.01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEITH DAMARIO 2735 EAGLE LAKE DR. ORLANDO FL 32837	☐ Delete	PD KEITH DAMARIO 5152 MARBELLA ISLE DR ORLANDO FL 32837	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NICOLA DAMARIO 2735 EAGLE LAKE DR. DR. ORLANDO FL 32837	☐ Delete	TD NICOLA DAMARIO 5152 MARBELLA ISLE DR ORLANDO FL 32837	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ERIK LARSEN 243 W. PARK AVE STE 201 WINTER PARK FL 32780	☑ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (11/00)

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: K Damario
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #