

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **2603 P00000045878**

1. Entity Name **W E M, Inc.**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91213 008 ***150.00

Principal Place of Business Mailing Address
1315 E. COURT STREET
TARPON SPRINGS, FL 34689

11005219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1315 E. COURT STREET
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
TARPON SPRINGS, FL

City & State
SAME

4. FEI Number
59-3644074

Applied For
Not Applicable

Zip Country
34689 USA

Zip Country
34689 USA

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

WADE MILLER, PRESIDENT
W E M, Inc
1315 E. COURT STREET
TARPON SPRINGS, FL 34689

Name **DIANA MILLER, PRESIDENT**
Street Address (P.O. Box Number is Not Acceptable)
1315 E. COURT STREET
City **TARPON SPRINGS, FL** Zip Code **34689**

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 **Diana Miller**
Signature, typed or printed name of registered agent and title if applicable.

4/15/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **Owner / President** ☒ Delete
NAME **Wade T. Miller**
STREET ADDRESS **1315 E. Court Street**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **Owner / President** ☒ Change ☐ Addition
NAME **Diana L. Miller**
STREET ADDRESS **1315 E. Court Street**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **Diana Miller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 **727-938-4242**
Date Daytime Phone #

CR2E034 (1/1/00)