

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90364 008 ***150.00

DOCUMENT # P00000058302

1. Entity Name

BEVERLY A. WEAVER, P.A.

Principal Place of Business

**405 W. JERSEY AVE.
 BRANDON FL 33510**

Mailing Address

**405 W. JERSEY AVE.
 BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1431

City & State

City & State

Brandon FL

Zip

Country

Zip

33509

Country

4. FEI Number

59-3661145

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

**WEAVER, BEVERLY A
 405 W. JERSEY AVE.
 BRANDON FL 33510**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WEAVER, BEVERLY**
 STREET ADDRESS **405 W. JERSEY AVE.**
 CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Beverly A. Weaver**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-02 813/294-5395
 Date Daytime Phone #

CR2E034 (4/02)

63-1346/631 1334

BEVERLY M. WEAVER P.A.
PH: 813-689-2956
P.O. BOX 1431
BRANDON, FL 33509

April 15 20 02

PAY TO THE ORDER OF Department of State \$ 150.00

*** One Hundred Fifty and No/100 *****

VALRICO STATE BANK
102 WEST ROBERTSON STREET
BRANDON, FLORIDA 33511

FOR Filing fee-Doc/P00000058302 Beverly Weaver

⑆063113168⑆2300004865⑆1334

Attachment

Doc# P00000058302
121243

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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, 2002 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	P WEAVER, BEVERLY 405 W. JERSEY AVE. BRANDON FL 33510	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

Beverly A. Weaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

813/294-5395

Date

Daytime Phone #

CR2F034 (9/01)

Attachment

DOC#P00000058302
121243

DO NOT WRITE IN THIS SPACE

Attachment
Doc# P00000058302
121243

July 10, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P00000058302
Beverly A. Weaver, P. A.

Dear Sir:

Per my telephone conversation with you today, this letter is to verify that in fact, I did send my renewal in a timely manner and a check in the amount of \$150.00. A copy of the form and a copy of the check is enclosed. Apparently these were lost in the mail as the check has not been cashed.

Enclosed is another check in the amount of \$150.00 and another filing form. Please note the new address is P. O. Box 1431, Brandon, FL 33509-1431.

Thank you for your assistance in this matter.

Sincerely,

Beverly Weaver

Beverly Weaver, P.A.

BAW;gf

Enclosures