

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90014 021 ***150.00

DOCUMENT # P00000059510

1. Entity Name

WETONA, INCORPORATED

Principal Place of Business

Mailing Address

~~6719 N. NEBRASKA AVE~~
~~TAMPA FL 33604-5664~~

~~6719 N. NEBRASKA AVE~~
~~TAMPA FL 33604-5664~~

2. Principal Place of Business

3. Mailing Address

7401 N. FLORIDA AVE

PO Box 7265

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33604

HILLSBOROUGH

33673

HILLSBOROUGH

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-365-6242

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

BRONI M. STANIUNAS, JR.

Street Address (P.O. Box Number is Not Acceptable)

10006 N. 28TH ST.

City

TAMPA

FL

Zip Code

33612

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

2/27/01

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 **PD** ☐ Delete
NAME **ESTRADA, LORA J**
STREET ADDRESS **1501 W. PATTERSON ST.**
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **VD** ☐ Delete
NAME **SICKLER, REGINA**
STREET ADDRESS **1501 W. PATTERSON ST.**
CITY-ST-ZIP **TAMPA FL 33604**

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

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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: **Lora Estrada**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-01 813-231-2283
Date Daytime Phone #

CR2E034 (10/00)