

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90082 030 \*\*\*158.75

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

1. Entity Name

P00000071126

WEATHERBY DEVELOPMENT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

930 Cape Marco Dr.

Suite, Apt. #, etc.

PH-3

City & State

Marco Island, Fl.

Zip

34145

Country

USA

3. Mailing Address

930 Cape Marco Dr.

Suite, Apt. #, etc.

PH-3

City & State

Marco Island, Fl.

Zip

34145

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

593665807

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Craig R. Woodward

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

Woodward, Pires & Lombardo, P.A.

606 Bald Eagle Drive, Suite 500

City

Marco Island

FL

Zip Code

34113

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

Glon, Dale Director/President  
930 Cape Marco Drive, PH-3  
Marco Island, Fl. 34145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)