

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000077159

1. Entity Name

TIMOTHY A. WEAVER, P.A.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90063 031 ***150.00

Principal Place of Business

1673 HIGHWAY 98 WEST
MARY ESTHER FL 32569

Mailing Address

1673 HIGHWAY 98 WEST
MARY ESTHER FL 32569

2. Principal Place of Business

1811 ALHAMBRA ST.

Suite, Apt. #, etc.

3. Mailing Address

1811 ALHAMBRA ST.

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

NAVARRE, FL

Zip

32564

Country

SANTA ROSA

Zip

32564

Country

SANTA ROSA

4. FEI Number

59-3462208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, TIMOTHY A
1673 HIGHWAY 98 WEST
MARY ESTHER FL 32569

7. Name and Address of New Registered Agent

Name

TIMOTHY A. WEAVER

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

1811 ALHAMBRA ST.

City

NAVARRE

FL

Zip Code

32564

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

Timothy A. Weaver

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 8, 2001

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WEAVER, TIMOTHY
CITY-ST-ZIP 1673 HIGHWAY 98 WEST
MARY ESTHER FL 32569

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

Timothy A. Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 8, 2001

Date

Daytime Phone #

CR2E034 (10/00)

0469085