

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 024 ***150.00

DOCUMENT # P00000077159

1. Entity Name
TIMOTHY A. WEAVER, P.A.

Principal Place of Business

1811 ALHAMBRA STREET
NAVARRE FL 32566

Mailing Address

1811 ALHAMBRA STREET
NAVARRE FL 32566

2. Principal Place of Business

1807 ALHAMBRA ST.

Suite, Apt. #, etc.

3. Mailing Address

1807 ALHAMBRA ST.

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

NAVARRE, FL

4. FEI Number

59-3662208

Applied For

Not Applicable

Zip

Country

32566

SANTA ROSA

Zip

Country

32566

SANTA ROSA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, TIMOTHY A
1811 ALHAMBRA STREET
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name

TIMOTHY A. WEAVER

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

1807 ALHAMBRA ST.

City

NAVARRE

FL

Zip Code

32566

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

TIMOTHY A. WEAVER

Jan. 15, 2002

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 \$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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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

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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:

Timothy A. Weaver

TIMOTHY A. WEAVER

Date

Daytime Phone #

(850) 936-9385

CR2E034 (9/01)