

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90050 002 ***150.00

DOCUMENT # P00000077159

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



Principal Place of Business
1807 ALHAMBRA STREET
NAVARRE FL 32566

Mailing Address
1807 ALHAMBRA STREET
NAVARRE FL 32566

600007733



2. Principal Place of Business

3. Mailing Address

1807 ALHAMBRA ST.

1807 ALHAMBRA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

WEAVER, TIMOTHY A
1807 ALHAMBRA STREET
NAVARRE FL 32566

Name
TIMOTHY A. WEAVER

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

← SAME
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. 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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Timothy A. Weaver** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 936-9385

CR2E034 (10/02)