

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104364

1. Entity Name
FLORIDA WEEDS, INC.**FILED**
May 19, 2001 8:00 am
Secretary of State

04-28-2001 90080 028 ***150.00

Principal Place of Business
4200 FT KEIS AVE
LABELLE FL 33935Mailing Address
4200 FT KEIS AVE
LABELLE FL 33935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable5. 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

Name

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

City

FL

Zip Code

RUDICK, DOLORES
4200 FT KEIS AVE
LABELLE FL 33935

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 DOLORES Rudick, Pres.4-23-01

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME President
STREET ADDRESS Dolores Rudick
CITY-ST-ZIP 4200 Ft. Keis Ave.
LaBelle, FL 33935TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Eleanor McLane Vinson
CITY-ST-ZIP 14791 Drowdy Rd
Ft. Myers FL 33905TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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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: Dolores Rudick

Date

4-23-01863 675-1489

Daytime Phone #

CR2E034 (10/00)