

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90047 046 \*\*\*150.00

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000069

## 1. Entity Name

ROD WEAVER, INC.

## Principal Place of Business

2785 SW 17 ST  
FT LAUDERDALE FL 33312

## Mailing Address

2785 SW 17 ST  
FT LAUDERDALE FL 33312

## 2. Principal Place of Business

Suite, Apt. #, etc.

## 3. Mailing Address

Suite, Apt. #, etc.

## City &amp; State

## City &amp; State

## Zip

## Country

## Zip

## Country

## 4. FEI Number

## Applied For

## Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DUBROW DUKER & ASSOCIATES, P.A.  
2832 UNIVERSITY DR  
CORAL SPRINGS FL 33065

## 7. Name and Address of New Registered Agent

## Name

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

## City

FL

## Zip Code

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 file 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 State**

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

## 11. OFFICERS AND DIRECTORS

☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIPPD  
WEAVER, ROD  
2785 SW 17 ST  
FT LAUDERDALE FL 33312☐ DeleteTITLE  
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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 954-791-0742

CF2E034 (10/00)