## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

## P01000024656 DOCUMENT #

1. Entity Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

WESTON CONSTRUCTION INC



**FILED** Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90066 015 \*\*\*150.00

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	ace of Business INGWAY DR. L 33326	Mailing Address P.O. BOX 266313 WESTON FL 33326								
] 		W440101112 50020		}						
2. Principa	I Place of Business	3. Mailing Address								
	Salerno Circle	Suite, Apt. #, etc. 1596 Saleri	no Circl	le	□ c⊦	ECK HERE IF	MAKING (	CHANGES	3	
City & St	ston, Florida	City & State	Iorida		FEI Number 01	0619582			pplied For ot Applicable	}
<sup>Zip</sup> 333		33327	Country	5.	Certificate of Statu	us Desired		8.75 Ac	lditional	ĺ
	6. Name and Address of Current	Registered Agent	,	7.	Name and Addres	ss of New Reg	istered Aç	ent		1
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GOMEZ,				30m6	Box Number is Not		=		<del></del>	1_
16777 H	EMINGWAY DR.		Juleet At	uuless (r.O. I	DOPTION INDEX IS INOU	Acceptable)			_	
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			City	West	חמה		FL	Zip Coo	327 T	ı
8. The above	ve named entity submits this statement for	r the purpose of changing its re	egistered office or	registered ag	ent, or both, in the	State of Florid	a. I am far	niliar with	and accept	
the oblig	ations of registered agent.									1
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	by- Clear Gomes						3-5-0	3		
SIGNATURE	by- Clear Gomes Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required when n	einstating)		3-5-0	3	<del></del>	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required when n	einstating)			3		
SIGNATURE	Signature, typed or printed name of registered agent a FILE NOW!!! FEE IS \$150.00	and title if applicable. (NOTE:	Registered Agent signatu	rre required when n		ampaign Finan	DATE		00 May Be	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

3-5.03

Daytime Phone #

☐ Change

☐ Addition