

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90094 050 ***150.00

0601975 AV

DOCUMENT # P01000054093

1. Entity Name

HOME PLANS BY WEBER, INC.

Principal Place of Business

**809 WALKERBILT RD., STE. 7
 NAPLES FL 34110**

Mailing Address

**809 WALKERBILT RD., STE. 7
 NAPLES FL 34110**

2. Principal Place of Business

5688 Strand Court

Suite, Apt. #, etc.

3. Mailing Address

5688 Strand Court

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-3739453

Applied For

Not Applicable

Zip

34110

Country

US

Zip

34110

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**COTTER, TIMOTHY J PA
 999 9TH ST. S., STE. 103
 NAPLES FL 34102**

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 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 **WEBER, WILLIAM**
 STREET ADDRESS **10919 PARNU ST.**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Delete
 NAME **WEBER, GREGORY**
 STREET ADDRESS **2960 LONE PINE LN.**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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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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:

Signature of William Weber **2-6-02 (941)594-9778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)