2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000058662 DOCUMENT

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90169 041 ***150.00

JAMES K.	WEBER & ASSOCIATES,	, IIVC.				•			
Principal Place 1919 PENNSYL\ ENGLEWOOD F	vania ave.	1919 Pi	Address ENNSYLVANIA AVE. WOOD FL 34224						
2. Principal Pl	face of Business	3. Maili	ng Address				<u> </u>	i i i i i i i i i i i i i i i i i i i 	LE 1464 LED4
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			☐ CHECK HERE	IF MAKING	CHANGES	
City & State	e	City &	& State		4. F	FEI Number 65-1120921			olied For Applicable
Zip	Country	Zip		Country	5. (Certificate of Status Desired		\$8.75 Addi Fee Required	
	6. Name and Address of Curre	ant Begistere	d Agent		7. 1	Name and Address of New	Registered A	gent	
	6. Name and Address of Curre		- todor Stationer	- Name		<u></u>	A 2 - 2		
WEBER, JAMES K			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	nsylvania ave.			 					
ENGLEWO	OOD FL 34224			City		<u> </u>	FL	Zip Code	
	e named entity submits this statemen		of changing its	registered office of	r registered ac	gent, or both, in the State of F	lorida. I am f	amiliar with, a	and accept
The above the obligat	e named entity submits this statemer tions of registered agent.	nt for the purp	ose of changing its	registered office of	109.0.0,00				
SIGNATURE							DATE		
					was required whee r	reinetation)			
	Signature, typed or printed name of registered a	gent and title if app	olicable. (NOTE	E: Registered Agent signal	ture required when r	reinstating)			
F Afte	Signature, typed or printed name of registered a FILE NOW!!! FEE IS \$150.00 ar May 1, 2003 Fee will be \$550.	.00	olicable. (NOTE	E: Registered Agent signa	ture required when r	9. Election Campaign I Trust Fund Contribut	Financing		0 May Be to Fees
F Afte	Signature, typed or printed name of registered a FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.ck Payable to Florida Department	.00 nt of State				9. Election Campaign I Trust Fund Contribut	Financing tion. [☐ Added	to Fees
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12. I hereby certify that the information supplied with this filling 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 altother like empowered.

SIGNATURE: