

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0596236 AV

DOCUMENT # P01000082788

1. Entity Name

WEAVER'S BROKERAGE INC.



04-28-2003 90541 011 \*\*\*150.00

Principal Place of Business

2660 N. ORANGE BLOSSOM TRAIL  
BOX 79  
KISSIMMEE FL 34744

Mailing Address

2660 N. ORANGE BLOSSOM TRAIL  
BOX 79  
KISSIMMEE FL 34744

2. Principal Place of Business

4209 Windwillow Ln.

3. Mailing Address

4209 Windwillow Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont FL

Zip

34711

Country

U.S.A.

Zip

34711

Country

USA

4. FEI Number

59-3748577

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, STEPHANI  
2660 N. ORANGE BLOSSOM TRAIL  
BOX 80  
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name (Same)  
Street Address (P.O. Box Number is Not Acceptable)  
4209 Windwillow Ln.  
Clermont FL 34711  
City Clermont FL Zip Code 34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WEAVER, STEPHANI A  
STREET ADDRESS 2660 N. ORANGE BLOSSOM TRAIL BOX 80  
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ Delete  
NAME Weaver Thomas J. (new)  
STREET ADDRESS 4209 Windwillow Ln.  
CITY-ST-ZIP Clermont FL 34711

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Weaver, Stephani A. ☒ Change ☐ Addition  
NAME 4209 Windwillow Ln.  
STREET ADDRESS Clermont FL 34711  
CITY-ST-ZIP

TITLE Weaver Thomas J. ☐ Change ☒ Addition  
NAME 4209 Windwillow Ln.  
STREET ADDRESS Clermont FL 34711  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

352 394/602

Daytime Phone #

CR2E034 (10/02)