

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90095 049 \*\*\*150.00

**DOCUMENT # P01000088130**

**1. Entity Name**  
**KEWE UNLIMITED, INC.**

**Principal Place of Business**

**11125 PARK BLVD #104-342**  
**SEMINOLE FL 33772-4700**

**Mailing Address**

**11125 PARK BLVD #104-342**  
**SEMINOLE FL 33772-4700**

**2. Principal Place of Business**

**2840 WEST BAY DR.**  
 Suite, Apt. #, etc.  
**# 288**

**3. Mailing Address**

**2840 WEST BAY DR.**  
 Suite, Apt. #, etc.  
**# 288**

**CITY & STATE**  
**BELLEAIR BLUFFS, FL.**

**CITY & STATE**  
**BELLEAIR BLUFFS, FL.**

**Zip**  
**33770**

**Country**

**Zip**  
**33770**

**Country**

**4. FEI Number**  
**59-3744714**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KJC & ASSOCIATES, INC.**  
**11125 PARK BLVD #104-342**  
**SEMINOLE FL 33772-4700**

**7. Name and Address of New Registered Agent**

**Name** **THERESA L. WEBER**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**351 BARBARA CIR.**  
**City** **BELLEAIR** **FL** **Zip Code** **33756**

**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** *Theresa L. Weber* **DATE** **3/11/02** ☒

**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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**TITLE** **P, T, D** ☐ **Delete**  
**NAME** **David R. Weber**  
**STREET ADDRESS** **351 Barbara Circle**  
**CITY-ST-ZIP** **Belleair, FL 33756**

**TITLE** **VP, S, D** ☐ **Delete**  
**NAME** **Theresa Weber**  
**STREET ADDRESS** **351 Barbara Circle**  
**CITY-ST-ZIP** **Belleair, FL 33756**

**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**

**TITLE** ☐ **Change** ☐ **Addition**  
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**NAME**  
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**CITY-ST-ZIP**

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

**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:** *Theresa L. Weber* **DATE** **3/11/02** **DAYTIME PHONE #** **727-647-8531**

CR2E034 (9/01)