

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90083 005 ***150.00

DOCUMENT # P02000026386

1. Entity Name
W.E.I.G. COMMUNICATIONS, INC.



Principal Place of Business
**1773 NE 50 STREET
POMPANO BEACH FL 33064**

Mailing Address
**1773 NE 50 STREET
POMPANO BEACH FL 33064**

40011746



2. Principal Place of Business

3. Mailing Address

6384 S Elm LANE
Suite, Apt. #, etc.

6384 S Elm LANE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Lantana FL

City & State
Lantana FL

4. FEI Number
743-04-4215

Applied For
☐ Not Applicable

Zip
33462 Country
U.S.

Zip
33462 Country
U.S.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERSON, WILLIAM K
1773 NE 50 STREET
POMPANO BEACH FL 33064

Name
Emerson, William K
Street Address (P.O. Box Number is Not Acceptable)
6384 S Elm LANE

City
Lantana **FL** Zip Code
33462

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 **William K Emerson**

William K Emerson

1/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
President
William K Emerson
6384 S Elm LANE
Lantana FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

1/25/03
Date

954-650-8211
Daytime Phone #

CR2E034 (10/02)