UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO2000037139 03 OCT 21 PH 3: 10 1. Entity Name JEFF WORGE, IIm. TÄLLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 800023958638 10/21/03--01012--009 **15 2. Principal Place of Business 3. Mailing Address 1412 5AME STATED MEDIST Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 04-3638597 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32250 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) ٠ لم IN THIS SPACE Zip Code 8. The above name is statement for the purpose of changing its registered office or registered agent, or both, in the State of Floriba SIGNATURE of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. CR2E034B (12/01) TITLE TITLE WEBBL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 bowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an 13. I hereby certify that the information supplie indicated on this report or suprof the corporation or the recei SIGNATURE: RINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

FOR PROFIT CORPORATION



Income Tax Services Financial & Insurance Services Accounting & Bookkeeping Services

JAMES K. REESE, EA

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1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

October 15, 2003

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Jeff Weber, Inc. - 2003 Uniform Business Report

Document #: P02000037139

Dear Sir or Madam:

Please find the enclosed Check for \$150.00 for the above referenced Corporation's 2003 Uniform Business Report. The Taxpayer never received this report. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,

James K. Reese, EA

Enclosures:

Check for \$150.00