## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2003 8:00 am Secretary of State P02000043755 DOCUMENT # 04-25-2003 90135 013 \*\*\*150.00 1. Entity Name CHARLES WESTON, INC. Principal Place of Business Mailing Address 60055838 5728 FLINT ROAD 5728 FLINT ROAD **COCOA FL 32927** COCOA FL 32927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State <u>02-0578683</u> Not Applicable Country Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTON, MAUDE Street Address (P.O. Box Number is Not Acceptable) 5728 FLINT ROAD COCOA FL 32927 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Chance ☐ Delete ☐ Addition WESTON, CHARLES NAME NAME 5728 FLINT ROAD STREET ADDRESS STREET ADDRESS COCOA FL 32927 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change ☐ Addition NAME WESTON, MAUDE NAME 5728 FLINT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA FL 32927 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 of 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 attachm

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SIGNATURE:

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