

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90367 036 ***150.00

DOCUMENT # *P 02000075873*

1. Entity Name

D.L. Weiss, CPA, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2310 S. Bay St.

Suite, Apt. #, etc.

3. Mailing Address

2310 S. Bay St.

Suite, Apt. #, etc.

City & State

Eustis FL

City & State

Eustis, FL

4. FEI Number

22-3860685

Applied For

Not Applicable

Zip

32726

Country

USA

Zip

32726

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

David L. Weiss

Street Address (P.O. Box Number is Not Acceptable)

21211 Reedy Road

City

Eustis

FL

Zip Code

32736

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT/DIRECTOR DAVID L. WEISS 2310 S. BAY ST EUSTIS, FL 32726</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Weiss *David L. Weiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

352-352-8331

Daytime Phone #

CR2E034B (12/01)