

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90160 030 ***150.00

DOCUMENT # P02000112672

1. Entity Name
FLORIDA WEATHER PROTECTION, INC.



Principal Place of Business
**2207 54 STREET SOUTH
GULFPORT FL 33707**

Mailing Address
**2207 54 STREET SOUTH
GULFPORT FL 33707**



2. Principal Place of Business

11681 49 ST. N.
Suite, Apt. #, etc. 9

3. Mailing Address

11681 49 ST. N.
Suite, Apt. #, etc. 9

☒ CHECK HERE IF MAKING CHANGES

City & State
CLERMONT, FL

City & State
CLERMONT, FL

4. FEI Number
06-1052650

Applied For
☒ Not Applicable

Zip Country
33762 FLORIDA

Zip Country
33762 FLORIDA

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

6. Name and Address of Current Registered Agent

**HASTINGS, DAVID C
2207 54 STREET SOUTH
GULFPORT FL 33707**

7. Name and Address of New Registered Agent

Name **ROBERT E. LEDLIE**
Street Address (P.O. Box Number is Not Acceptable)
11681 49 ST. N.
SUITE 9
City **CLERMONT** FL Zip Code **33762**

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 **A. R. Ledlie**
Signature, typed or printed name of registered agent and title if applicable.

ROBERT E. LEDLIE
(NOTE: Registered Agent signature required when reinstating)

4/24/03
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

TITLE **PSTD** ☐ Delete
NAME **LEDLIE, KEVIN**
STREET ADDRESS **2207 54 STREET SOUTH**
CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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 Ledlie** **KEVIN E. LEDLIE** **4/24/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)