

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

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

04-28-2003 91274 033 ***150.00

DOCUMENT # P02000113200	
1. Entity Name WEISS GUYS INC	

DO NOT WRITE IN THIS SPACE

11021917

2. Principal Place of Business 2089 INDIAN RIVER BLVD		3. Mailing Address 104	
Suite, Apt. #, etc. VERO BCH FL		Suite, Apt. #, etc.	
City & State VERO BCH FL		City & State	
Zip 32960	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 52 2382849		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name GAETANO GAZZARA		
Street Address (P.O. Box Number is Not Acceptable) 604 ROSS ROAD			
City FT PIERCE FL Zip Code 34982			

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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-STATE-ZIP	D GAZZARA, GAETANO 604 ROSS ROAD FT. PIERCE, FL 34982	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PATRICK, THOMAS J. 2315 COMPASS POINT DR. VERO BCH 32966	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/23/3 772 718 6777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)