

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90012 006 \*\*\*150.00

<b>DOCUMENT #</b> P13979 1. Entity Name  E.C. Wesner Associates, Inc.	
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 5491 North University Drive, Suite 201 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State	
Zip 33067	Country	Zip	Country

4. FEI Number 25-1383047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Eric C. Wesner	
Street Address (P.O. Box Number is Not Acceptable) 7776 NW 128th Ave	
City Parkland	FL Zip Code 33076

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

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-ST-ZIP	President Eric C. Wesner 5491 North University Ave, Suite 201 Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Diane M. Wesner 5491 North University Ave, Suite 201 Coral Springs, FL 33067
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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: Eric Wesner President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-19-07

Daytime Phone #

954 755-8252