

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17684

1. Entity Name
WEIGHCO OF FLORIDA, INCORPORATED

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90027 016 ***158.75
04-22-2000 90113 015 ***150.00

00049285

Principal Place of Business
5512 Johns Road
Tampa, FL 33634

Mailing Address
% Pat Brannan Enloe
8720 Red Oak Blvd. Ste 105
Charlotte, NC 28217-4936

2. Principal Place of Business
5505 Johns Rd
Suite, Apt. #, etc.
Ste 700
City & State
Tampa FL
Zip
33634

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1563232

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

6. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Rd.
Plantation FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.

SIGNATURE *Mahell P. Blum* **General Accountant** **4/17/00**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	C	<input type="checkbox"/> Delete
NAME	Peacock, Grant D	
STREET ADDRESS	109 Laurens Rd. Ste 1D	
CITY-ST-ZIP	Greenville SC 29607	
TITLE	P	<input type="checkbox"/> Delete
NAME	Mcsorley, Richard J	
STREET ADDRESS	8720 Red Oak Blvd. Ste 105	
CITY-ST-ZIP	Charlotte NC 28217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Craig, Melissa	
STREET ADDRESS	8720 Red Oak Blvd. Ste 105	
CITY-ST-ZIP	Charlotte NC 28217	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard J. McSorley* **4/17/00** **704-523-0227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)