## DOCUMENT # P93000015172 1. Entity Name

WEE SERVICE, INC.

Principal Place of Business

Mailing Address

4920 NEWKIRK DR

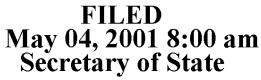
4920 NEWKIRK DR STE 3

STE 3 **TAMPA FL 33624** 

**TAMPA FL 33624** 

3. Mailing Address

2.	Principal	Mace	Oī	Rusin	es



05-04-2001 90101 042 \*\*\*150.00



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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. F	59-3175873		oplied For ot Applicable	,		
Zip		Country	Zip	Coun	untry			\$8.75 Fee Rec		Additional quired -	
	6. Name	and Address of Current Re	egistered Agent			7. N	lame and Address of New Regis	tered A	gent		]
,					Name	_				•	7
PRESCOTT, GARY 4920 NEWKIRK DRIVE					Street Address (P.O. Box Number is Not Acceptable)						
SUITE											-
TAMPA FL 33624				City Zip Code						$\dashv$	
					Oity			FL	Zip Cour		_
SIGNATURE _	Signature, typed o	or printed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signature	required when re	ent, or both, in the State of Florida.	DATE			
Tax filing requirement and elects to do so. After M			After MAY 1, 20 Make Check Payab	IOW!!! FEE IS \$150.00 1, 2001 Fee will be \$550.00 Payable to Department of Sta			tate Trust Folia Continuation. Li Added to Fee				
11.		OFFICERS AND DI	RECTORS	12.		AD	DITIONS/CHANGES TO OFFICER	S AND	DIRECTORS	3 IN 11	].
TITLE	ST		Delete	TITLE					☐ Change	Addition	1
NAME	JOHNSON			NAME	:						13
STREET ADDRESS		KIRK DR STE 3			T ADDRESS						
CITY-ST-ZIP	TAMPA FL			CITY-	ST-ZIP						4
TITLE	Ρ		Delete	TITLE					☐ Change	Addition	8
NAME	PRESCOT			NAME							1
STREET ADDRESS		KIRK DR STE 3			T ADDRESS						
CITY-ST_ZIP		min, seriem e .	يعيد در از المستعدر	CITY-	ST-ZIP						1
TITLE	VP		☐ Delete	TITLE					Change	☐ Addition	
	HAM, RICH			NAME					•		
		Kirk dr. Ste. 3			T ADDRESS						
CITY-ST-ZIP	TAMPA FL			CHY-	ST-ZIP						↲
TITLE			☐ Delete	TITLE					Change	Addition	
NAME				NAME							
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE					Change	_ Addition	
NAME				NAME	ſ						
STREET ADDRESS					T ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME							
STREET ADDRESS				STREE	T ADDRESS						-
CITY-ST-ZIP				CITY-	ST-ZIP						
13. I hereby ce	ertify that the	information supplied with thi	s filing does not qualify for	the exen	notion stated	in Section 1	19.07(3)(i), Florida Statutes, I furth	er certi	v that the in	formation	1

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: