2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90198 019 ***150.00

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DOCUMENT # P93000036231

1. Entity Name
THE WEILER ENGINEERING CORPORATION

Principal Place of Business	Mailing Address
~~1777 TAMIAMI TRAIL~~	~~P.O. BOX 380874~~
~~SUITE 304~~	~~MURDOCK FL 33938-0874~~
~~PT. CHARLOTTE FL 33948~~	
US	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20020 Veterans Blvd	20020 Veterans Blvd
Suite, Apt. #, etc. #7	Suite, Apt. #, etc. #7
City & State Port Charlotte, Fl	City & State Port Charlotte, Fl
Zip 33954 Country Charlotte	Zip 33954 Country Charlotte

4. FEI Number 65-0413376 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEILER, R J	Name
~~1777 TAMIAMI TRAIL~~	Street Address (P.O. Box Number is Not Acceptable) 20020 Veterans Blvd, #7
~~SUITE 304~~	
~~PT. CHARLOTTE FL 33948~~	City Port Charlotte, FL Zip Code 33954

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 [signature] DATE 3-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEILER, JEFFREY 175 MANDALAY RD. PUNTA GORDA FL 33950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] SIGNATURE REQUIRED 3-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #