

2002 UNIFORM BUSINESS REPORT (UBR) -

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90152 029 ***158.75

DOCUMENT # **P93000086057**

1. Entity Name
R.L. WEIGT ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business
SE Bridge
8985 SE BRIDGE RD
STE A
HOBE SOUND FL 33455
US

Mailing Address
SE Bridge
8985 SE BRIDGE RD
STE A
HOBE SOUND FL 33455
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8985 SE Bridge Rd.
 Suite, Apt. #, etc.

3. Mailing Address
8985 SE Bridge Rd.
 Suite, Apt. #, etc.

City & State
 City & State

4. FEI Number **65-0446857** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WEIGT, ROBERT L
9512 S.E. DUNCAN ST.
HOBE SOUND FL 33455

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 _____
 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, 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 WEIGT, ROBERT L 9512 SE DUNCAN ST. HOBE SOUND FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD DEFILIPPO, DOMINICK 8198 SE SANCTUARY DRIVE HOBE SOUND FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WEIGT, WERNER 3060 N. ATLANTIC BLVD., #710 COCOA BCH. FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **14 March 2002** **772-546-6253**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)