

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000030998

1. Entity Name
KIRK WEISMAN ENTERPRISES, INC.

Principal Place of Business
1515 RINGLING BLVD.
SUITE 690
SARASOTA FL 34236

Mailing Address
1515 RINGLING BLVD.
SUITE 690
SARASOTA FL 34236

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91293 046 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0518835	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEF, FRANK J III
100 NORTH TAMPA ST.
SUITE 2800
TAMPA FL 33602-5126

7. Name and Address of New Registered Agent

Name *Frank J Rief, III*
Street Address (P.O. Box Number is Not Acceptable)
442 West Kennedy Boulevard
Suite 340

City *Tampa, FL* Zip Code *33606*

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

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WEISMAN, KIRK O 1515 RINGLING BLVD., STE. 690 SARASOTA FL 34236	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 in all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

Daytime Phone #