

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038231

1. Entity Name

WEAVER LATHING CO., INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90077 048 ***150.00

00015000



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

221 PALMETTO BLUFF RD
BOSTWICK FL 32007

221 PALMETTO BLUFF RD
BOSTWICK FL 32007

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bostwick, FL

4. FEI Number

59-3255058

Applied For

Not Applicable

Zip

Country

Zip

Country

32007

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

WEAVER, DOYLE JR.
221 PALMETTO BLUFF RD
BOSTWICK FL 32007

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WEAVER, DOYLE JR.	
STREET ADDRESS	221 PALMETTO BLUFF RD	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEAVER, THOMAS M JR.	
STREET ADDRESS	P.O. BOX 44 N/A	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Doyle Weaver* *Doyle WEAVER*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00 (904) 545-6542

CR2E034 (9/99)