2000 UNIFORM BUSINESS' REPORT (UBR) FILED Mar 30, 2000 8:00 am Secretary of State 94000578799 DOCUMENT # STACIE J. WEEDON, P.A. 03-30-2000 90045 028 \*\*\*150.00 Principal Place of Business Mailing Address 1462 NW 87 Terrace 1462 NW 87 Terrace B0048623 Coral Springs, F1. 33071 Coral Springs, F1. 33071 2. Principal Place of Business 3. Mailing Address 4180 NW 18 Avenue 4180 NW 18 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3281949 Oakland Park, Florida Oakland <u>Park, Florida</u> Not Applicable CottsA \$8.75 Additional 33309 33309 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stacie J. Weedon - Hartley Stacie J. Weedon\_ 1462 NW 87 Terrace Street Address (P.O. Box Number is Not Acceptable) 4180 NW 18 Avenue Coral Springs, Florida 33071 Oakland Park Zip Godf309 3. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is engible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 íí. 12. X Change ☐ Addition **PST** □ Delete TITLE Stacie J. Weedon NAME Stacie J. Weedon-Hartley STREET ADDRESS 4180 NW 18 Avenue ARRIGE ADDRESS 1462 NW 87 Terrace ST ZIP CITY-ST-ZIE Oakland Park, Florida 33309 CoralSprings, Fl. 33071 ■ Addition Delete TITLE Change NAME STREET ADDRESS . ADDRESS CITY-ST-ZIP ST ZIP ☐ Delete Change Addition NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS ··· · Nimmingg CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS one and the second CITY-ST-7IP CT 7IO Addition TITLE Change Delete NAME ----- кінні ізі STREET ADDRESS CITY-ST-7IP 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. NATURE:

CR2E034 (9/99)