


**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90173 040 \*\*\*150.00

<b>DOCUMENT #</b> P94000078799 1. Entity Name <b>STACIE J. WEEDON, P.A.</b>			
Principal Place of Business <b>4180 NW 18 AVENUE</b> <b>OAKLAND PARK FL 33309</b> <b>US</b>		Mailing Address <b>4180 NW 18 AVENUE</b> <b>OAKLAND PARK FL 33309</b> <b>US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>WEEDON-HARTLEY, STACIE J</b>  <b>4180 NW 18 AVENUE</b>  <b>OAKLAND AVE FL 33309</b>			Name  <hr/> Street Address (If different)  <hr/> City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Signature _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PST <input type="checkbox"/> Delete		
NAME	WEEDON-HARTLEY, STACIE J		TITLE
STREET ADDRESS	4180 NW 18 AVENUE		NAME
CITY-ST-ZIP	OAKLAND PARK FL 33309		STREET ADDRESS
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TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET

[illegible]☐ CHECK HERE IF MAKING CHANGES

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

## OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

[illegible]

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-03 954 9108 3555

Date \_\_\_\_\_

Deutscher Platz 1

CR2E034 (10/02)