

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

pg4-83365



Weg PLAZA Inc.

FILED
03 JUN 30 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6757 South US #1

5512 Pinetree Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6733-6799

City & State

City & State

Port St Lucie FL

FT Pierce FL

Zip

Country

Zip

Country

34952 ST Lucie

34982 ST Lucie

4. FEI Number

Applied For

65-0554056

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Weg Plaza Inc HALBERT Smith

Street Address (P.O. Box Number is Not Acceptable)

5512 Pinetree Dr

City

FT Pierce

FL

Zip Code

34952

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE HAL Smith President HAL Smith

6-11-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HALBERT Smith President
5512 Pinetree Dr
FT Pierce FL 34982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LOIS Smith vice President
5512 Pinetree Dr
FT Pierce FL 34982

TITLE
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300020530873
06/04/03-01073-007 **\$550.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

HAL Smith President
Weg PLAZA Inc

Date

Daytime Phone #

5-15-03-772595-0782

CR2E034B (12/02)