

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000093967**

1. Entity Name

WEATHERSTONE DEVELOPMENT CORP.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90051 024 ***150.00

Principal Place of Business 19321 U.S. HIGHWAY 19 NORTH STE 500 CLEARWATER FL 33764	Mailing Address 2637 MCCORMICK PLACE SUITE B CLEARWATER FL 33759
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2. Principal Place of Business	3. Mailing Address 19810 Gulf Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. #4

City & State	City & State Indian Shores, FL
Zip	Zip 33785
Country	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3291739	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GAYNOR, JOSEPH W ESQ 2637 MCCORMICK PLACE STE B CLEARWATER FL 33759	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAYNOR, JOSEPH W 2637 MCCORMICK DRIVE., #B CLEARWATER FL 34619 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMPTON, JOHN T 19810 GULF BLVD UNIT 4 INDIAN SHORES FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDWICK, FREDERICK H 19321 U.S. HWY. 19 NORTH., STE 500 CLEARWATER FL 34624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/31/01 (727) 593-3400
Daytime Phone #

CR2E034 (10/00)