

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90288 047 ***150.00

0488295 AV

DOCUMENT # P95000006410

1. Entity Name
THE WEAVER COMPANY, INC.



Principal Place of Business
**3330 SAN BERNADINO ST
CLEARWATER FL 33759
US**

Mailing Address
**3330 SAN BERNADINO ST
CLEARWATER FL 33759
US**



2. Principal Place of Business
5921 DEER RUN DR
Suite, Apt. #, etc.

3. Mailing Address
5921 DEER RUN DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
McKINNEY, TX
Zip
75070
Country
USA

City & State
McKINNEY, TX
Zip
75070
Country
USA

4. FEI Number
59-3297286

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, GENE L
3330 SAN BERNADINO ST
CLEARWATER FL 33759**

7. Name and Address of New Registered Agent

Name
MICHAEL GORDON

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

2926 MAGNOLIA TRACE

City
TARPON SPRINGS FL Zip Code
34688

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 Michael Gordon **MICHAEL GORDON**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/24/03
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

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WEAVER, GENE L. 3330 SAN BERNADINO ST CLEARWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WEAVER, JO DEAN 3330 SAN BERNADINO ST CLEARWATER FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD WEAVER GENE L | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 5921 DEER RUN DR McKINNEY TX 75070 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WEAVER, JO DEAN 5921 DEER RUN DR McKINNEY, TX 75070 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Gene L. Weaver **GENE L. WEAVER** **4/24/03** **912 8861290**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)