

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017949

1. Entity Name

WEITECH CORPORATION

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90369 015 ***155.00

Principal Place of Business

5498 WORTHINGTON LOOP
PALM HARBOR FL 34685

Mailing Address

5498 WORTHINGTON LOOP
PALM HARBOR FL 34685

2. Principal Place of Business

3. Mailing Address

4964 Quill Court

4964 Quill Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34685

Country
Pinellas

Zip
34685

Country
Pinellas

4. FEI Number 65-0590743

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEITZ, GENE C

5498 WORTHINGTON LOOP
PALM HARBOR FL 34685

4964 Quill Court
Palm Harbor, FL
34685

Name

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

City

FL

Zip Code

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEITZ, LISA K
5498 WORTHINGTON LOOP
PALM HARBOR FL 34685
4964 Quill Court

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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

Daytime Phone #

02-28-01 (127) 945-8076

CR2E034 (10/00)