

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90011 012 \*\*\*150.00

**DOCUMENT # P95000035697**

1. Entity Name

**WEH-PAK INC.**

Principal Place of Business

6987 LAKE ISLAND DR  
 LAKE WORTH FL 33467  
 US

Mailing Address

6987 LAKE ISLAND DR  
 LAKE WORTH FL 32955-6535  
 US

2. Principal Place of Business

**2390 GOLF VISTA BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

**2390 GOLF VISTA BLVD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**VIERA, FL**

City & State

**VIERA, FL**

4. FEI Number

**65-0580971**

Applied For

Not Applicable

Zip

Country

**32955** **BREVARD**

Zip

Country

**32955** **BREVARD**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BARR, WAYNE R**  
**6987 LAKE ISLAND DR**  
**LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>WAYNE R. BARR</b>	
STREET ADDRESS	<b>6987 LAKE ISLAND DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PATRICIA B. BARR</b>	
STREET ADDRESS	<b>6987 LAKE ISLAND DR</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAYNE R BARR</b>	
STREET ADDRESS	<b>2390 GOLF VISTA BLVD</b>	
CITY-ST-ZIP	<b>VIERA, FL 32955</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA B. BARR</b>	
STREET ADDRESS	<b>2390 GOLF VISTA BLVD</b>	
CITY-ST-ZIP	<b>VIERA, FL 32955</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 other like empowered.

SIGNATURE: Wayne R. Barr **WAYNE R. BARR Pres.** 3/24/2000 321-631-1611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #