

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90765 042 ***150.00

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DOCUMENT # P95000051970

1. Entity Name
WEAN & MALCHOW, P.A.



Principal Place of Business **646 EAST COLONIAL DRIVE**
~~1305 EAST ROBINSON STREET~~
ORLANDO FL ~~32801~~ **32803**

Mailing Address **646 EAST COLONIAL DR.**
~~1305 EAST ROBINSON STREET, SUITE G~~
ORLANDO FL ~~32801~~ **32803**

60017533



2. Principal Place of Business **646 EAST COLONIAL DRIVE**
Suite, Apt. #, etc.

3. Mailing Address **646 EAST COLONIAL DRIVE**
Suite, Apt. #, etc.

City & State
ORLANDO, FL
Zip **32803** Country

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ORLANDO, FL
Zip **32803** Country

4. FEI Number **59-3321293** Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WEAN, PAUL L
~~1305 EAST ROBINSON STREET~~ **646 EAST COLONIAL DRIVE**
~~ORLANDO FL 32801~~ **ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
646 EAST COLONIAL DRIVE
City **ORLANDO** Zip Code **FL 32803**

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEAN, PAUL L 1305 EAST ROBINSON STREET 646 EAST COLONIAL DRIVE ORLANDO FL 32801 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALCHOW, HELENA G 646 EAST COLONIAL DRIVE 1305 EAST ROBINSON STREET ORLANDO FL 32801 32803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

4/17/03

407-999-7780

Date Daytime Phone #

CR2E034 (10/02)

Attachment

P95000051970

WEAN305* 328012024 1103 25 01/15/03
NOTIFY SENDER OF NEW ADDRESS
:WEAN & MALCHOW
646 E COLONIAL DR
ORLANDO FL 32803-4603

