

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90067 042 ***550.00

DOCUMENT # P96000007870
 1. Entity Name
WEBER & ASSOCIATES ACCOUNTING AND TAX SERVICE, I NC.

Principal Place of Business Mailing Address
~~1000 8TH AVE., WEST~~ ~~1000 8TH AVE., WEST~~
~~PALMETTO FL 34221~~ ~~PALMETTO FL 34221~~



2. Principal Place of Business 3. Mailing Address
738 - 10TH STREET WEST **738 - 10TH STREET WEST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number 65-0629321 Applied For
PALMETTO, FL **PALMETTO, FL** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34221 **34221**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
WEBER, RICHARD G Name **RICHARD G WEBER**
1000 8TH AVE., WEST Street Address (P.O. Box Number is Not Acceptable)
PALMETTO FL 34221 **738 - 10TH STREET WEST**
 City **PALMETTO** FL Zip Code **34221**

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 Richard G Weber DATE 8/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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	PVPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, RICHARD G	NAME	
STREET ADDRESS	1000 8TH AVE., WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER-WEBER, MARY JO	NAME	
STREET ADDRESS	1000 8TH AVE. WEST	STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: Richard G Weber DATE: 8/30/02 PHONE: 941-7293343
Signature, typed or printed name of signing officer or director Date

CR2E034 (4/02)