

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91807 001 ***150.00

032781 AV

DOCUMENT # P96000021429

1. Entity Name
WEEZOR, INC.



Principal Place of Business

~~450 EAST LAS OLAS BLVD~~
~~SUITE 1500~~
~~FORT LAUDERDALE FL 33301~~

Mailing Address

~~450 EAST LAS OLAS BLVD~~
~~SUITE 1500~~
~~FORT LAUDERDALE FL 33301~~

2. Principal Place of Business

1877 So. Federal Hwy.

Suite, Apt. #, etc.

Suite 210

City & State
Boca Raton, FL

Zip
33432

Country
USA

3. Mailing Address

1877 So. Federal Hwy.

Suite, Apt. #, etc.

Suite 210

City & State
Boca Raton, FL

Zip
33432

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0653008**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
27TH FLOOR
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul M. Lawless*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

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 **DP** ☐ Delete
NAME **ROCHON, RICHARD C**
STREET ADDRESS **450 EAST LAS OLAS BLVD., 15TH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VT** ☐ Delete
NAME **BRANDEN, CRIS V**
STREET ADDRESS **450 EAST LAS OLAS BLVD., 15TH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **VS** ☐ Delete
NAME **LAWLESS, PAUL M**
STREET ADDRESS **1877 S FEDERAL HWY 2ND FLOOR**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **ROCHON, RICHARD C.**
STREET ADDRESS **1877 So. Federal Hwy. #210**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **VT** ☒ Change ☐ Addition
NAME **BRANDEN, CRIS V**
STREET ADDRESS **1877 So. Federal Hwy. #210**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **VS** ☒ Change ☐ Addition
NAME **LAWLESS, PAUL M.**
STREET ADDRESS **1877 So. Federal Hwy. #210**
CITY-ST-ZIP **Boca Raton, FL 33432**

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

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

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

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:

Paul M. Lawless
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

561-361-8140

Daytime Phone #

6232

CR2E034 (10/02)