

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90045 046 \*\*\*150.00

**DOCUMENT # P96000022407**

1. Entity Name  
**GLORIA K. WEED, P.A.**



Principal Place of Business  
**302 10TH AVE. E  
PALMETTO FL 34221  
US**

Mailing Address  
**302 10TH AVE. E.  
PALMETTO, FL 34221**



2. Principal Place of Business

3. Mailing Address  
**302 10TH AVE EAST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PALMETTO FL**

Zip

Country

Zip  
**FL 34221**

Country  
**US**

4. FEI Number **65-0648505**

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

7. Name and Address of New Registered Agent

**WEED, GLORIA K  
302 10TH AVENUE EAST  
PALMETTO FL 34221**

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 *Gloria K. Weed*  
Signature, typed or printed name of registered agent and title if applicable.

**GLORIA K. WEED**

**1/3/03**

(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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEED, GLORIA K</b>	
STREET ADDRESS	<b>302 10TH AVENUE EAST</b>	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Gloria K. Weed*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/3/03**

**907-1033**

Date

Daytime Phone #

CR2E034 (10/02)