

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 096000072819

1. Entity Name
WEI BETH ENTERPRISES, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
Blenheim Suite, Apt. #, etc. PO Box 425-
City & State City & State
Zip Country Zip Country

FILED
01 MAY 22 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3397030 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
JAMES F. HARDIN Name
20564 N.W. C.R. 275 Street Address (P.O. Box Number is Not Acceptable)
ALHA, FL. 32421 900004425429-1
City -06/18/01--01128--023
****150.00 FL ****150.00

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 **DATE**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) LS

9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
(See criteria on back) ☐ **After MAY 1, 2001, Fee will be \$550.00** **Trust Fund Contribution.** ☐ **Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. JAMES F. HARDIN 20564 N.W. CR 275 ALHA, FL. 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James F. Hardin

CR2E034 (11/00)