

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90040 033 ***150.00

DOCUMENT # P97000005274

1. Entity Name
SUSAN M. WEIGLE, INC.



Principal Place of Business
**5462 S SUNCOAST BOULEVARD
HOMOSASSA SPRINGS FL 34446**

Mailing Address
**P.O. BOX 4576
HOMOSASSA SPRINGS FL 34447**



2. Principal Place of Business

3. Mailing Address

10601 N. Sunflower Pk
Suite, Apt. #, etc.

10601 N. Sunflower Pk
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Crystal River Fl

City & State
Crystal River Fl

4. FEI Number **59-3424229**

Applied For
Not Applicable

Zip **34428** Country **USA**

Zip **34428** Country

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

**LOCKWOOD, BRIAN R ESQ
309 N.W. 1ST STREET
GAINESVILLE FL 32601-2525**

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 *Susan M. Weigle*
Signature, typed or printed name of registered agent and title, applicable.

(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 **D** ☐ Delete
NAME **WEIGLE, SUSAN M**
STREET ADDRESS **5276 S RIVERVIEW CIRCLE**
CITY - ST - ZIP **HOMOSASSA FL 34448**

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

TITLE **PVST** ☐ Delete
NAME **WEIGLE, SUSAN M**
STREET ADDRESS **5276 S RIVERVIEW CIRCLE**
CITY - ST - ZIP **HOMOSASSA FL 34448**

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

TITLE **D** ☐ Delete
NAME **WEIGLE, JAMES J JR**
STREET ADDRESS **5276 S RIVERVIEW CIRCLE**
CITY - ST - ZIP **HOMOSASSA FL 34448**

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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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: *Susan M. Weigle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 **352-302-8930**
Date Daytime Phone #

CR2E034 (10/02)