

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

0016369  
AV

**DOCUMENT # P97000043982**

1. Entity Name  
**WEAVER PRECAST OF FLORIDA, INC.**



Principal Place of Business  
**350 THORPE ROAD  
ORLANDO FL 32826  
US**

Mailing Address  
**350 THORPE ROAD  
ORLANDO FL 32826  
US**

2. Principal Place of Business

3. Mailing Address

**PO BOX 770760**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

Zip

Country

**32877**

**0760**

4. FEI Number **59-3449289**

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

**WEAVER, GARY L  
350 THORPE ROAD  
ORLANDO FL 32826**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 **P** ☐ Delete  
NAME **WEAVER, GARY L**  
STREET ADDRESS **314 RIDGE AVE.**  
CITY-ST-ZIP **EPHRATA PA 17522**

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

TITLE **TS** ☐ Delete  
NAME **WEAVER, DOROTHY A**  
STREET ADDRESS **314 RIDGE AVE.**  
CITY-ST-ZIP **EPHRATA PA 17522**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(717) 721-6635**

CR2E034 (4/03)

ATTACHMENT  
#P97000043982  
80142711

**WEAVER PRECAST OF FLORIDA, INC.**

350 Thorpe Road  
P.O. Box 770760  
Orlando, FL 32877-0760  
Phone (407) 812-5552  
Fax (407) 812-7672

August 29, 2003

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: EIN 59-3449289

Dear Division Representative:

Enclosed you will find our 2003 Uniform Business Report along with our payment of \$150. Also enclosed are a copy of a letter and a copy of an e-mail regarding our request for the preprinted form from April 14, 2003.

We had not received the form to complete timely. Therefore, we had requested the Division of Corporations to forward them to us. We have just recently received the form and are enclosing it along with our initial \$150 that is due with the return.

Should you have any questions on the enclosures, please don't hesitate to contact me at (717) 721-6635.

Sincerely,

WEAVER PRECAST OF FLORIDA, INC.



Rebecca L. Adams  
Controller

/rla  
Enclosures

ATTACHMENT  
#P97000043982  
80142711

WEAVER PRECAST OF FLORIDA, INC.  
350 Thorpe Road, P.O. Box 770760  
Orlando, FL 32877-0760  
Phone (407) 812-5552 - Fax (407) 812-7672

April 14, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Division Representative:

I am writing with regard to Weaver Precast of Florida, Inc., EIN 59-3449289, 2003 Uniform Business Report. We have not received this booklet to complete the return. I understand that we can get a blank form from your website, but we will still need to obtain the electronic access code.

Please forward a booklet and the electronic access code that we will need to submit this report as soon as possible. Should you have any questions, please call me at (717) 721-6635.

Awaiting your reply, I remain

Very truly yours,

WEAVER PRECAST OF FLORIDA, INC.



Gary L. Weaver  
President

GLW/rla