

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90061 014 ***150.00

DOCUMENT # P97000077558

1. Entity Name
W.E.F. & R., INC.

Principal Place of Business
30164 LYNNE DRIVE
ZEPHYRHILLS FL 33543

Mailing Address
30164 LYNNE DRIVE
ZEPHYRHILLS FL 33543

2. Principal Place of Business
262 Island Circle
 Suite, Apt. #, etc.

3. Mailing Address
262 Island Circle
 Suite, Apt. #, etc.

City & State
Sarasota, FL
 Zip Country
34242 Sarasota

City & State
Sarasota, FL
 Zip Country
34242 Sarasota

4. FEI Number **59-3471481**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

QUARLES, ALICE M
30164 LYNNE DRIVE
ZEPHYRHILLS FL 33543

7. Name and Address of New Registered Agent

Name **Alice M. Quarles**
 Street Address (P.O. Box Number is Not Acceptable)
262 Island Circle
 City **Sarasota** **FL** Zip Code **34242**

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 *Alice M. Quarles* **Alice M. Quarles, Director** **2-15-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	QUARLES, ALICE M	
STREET ADDRESS	30164 LYNNE DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	S	<input type="checkbox"/> Delete
NAME	ERWIN, EUGENE	
STREET ADDRESS	4915 RIVERVIEW ROAD, NW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quarles, Alice M	
STREET ADDRESS	262 Island Circle	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alice M. Quarles* **Alice M. Quarles** **2-15-02** **941-346-9695**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)