

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90016 032 ***150.00

DOCUMENT # P97000077558

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



Principal Place of Business
262 ISLAN CR.
SARASOTA FL 34242

Mailing Address
262 ISLAN CR.
SARASOTA FL 34242

2. Principal Place of Business

330 Island Circle

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

330 Island Circle

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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
262 ISLAN CIR.
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name **Quarles, Alice M.**
Street Address (P.O. Box Number is Not Acceptable)
330 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alice M. Quarles*

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

(NOTE: Registered Agent signature required when reinstating)

3-7-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **QUARLES, ALICE M**
STREET ADDRESS **262 ISLAN CIR.**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE **S** ☐ Delete
NAME **ERWIN, EUGENE**
STREET ADDRESS **4915 RIVERVIEW ROAD, NW**
CITY-ST-ZIP **ATLANTA GA 30327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Quarles, Alice M.**
STREET ADDRESS **330 Island Circle**
CITY-ST-ZIP **Sarasota, FL 34242**

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

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NAME
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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: *Alice M. Quarles, Director*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-03

Date

941-346-9695

Daytime Phone #

CR2E034 (10/02)