FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

Jul 12, 2001 8:00 am P97000100443 Secretary of State DOCUMENT # 1. Entity Name 07-12-2001 90121 011 ***150.00 LAKE WEIR VILLAGE ENTERPRISES, INC. Principal Place of Business Mailing Address **PO BOX 877** 9023 SILVER LAKE DR OCKLAWAHA FL 32183 LEESBURG FL 34788 3. Mailing Address 2. Principari face of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2379542 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTON, JERRY Street Address (P.O. Box Number is Not Acceptable) 9023 SILVER LAKE DR LEESBURG FL 34788 City 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 (NOTE: Registere 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change ☐ Addition CR2E034 (5/01 WESTON, JERRY NAME NAME 9023 SILVERLAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE WESTON, EWA NAME STREET ADDRESS STREET ADDRESS 9023 SILVERLAKE DR CITY-ST-7IP LEESBURG FL 34788 CITY-ST-7IP TITLE Delete ---TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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