2002 Uniform Business Report (UBR)

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

SIGNATURE:

Mar 18, 2002 8:00 am **DOCUMENT #** P97000100443 **Secretary of State** 1. Entity Name LAKE WEIR VILLAGE ENTERPRISES, INC. 03-18-2002 90067 002 ***150.00 Principal Place of Business Mailing Address PO BOX 877 9023 SILVER LAKE DR OCKLAWAHA FL 32183 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO.NOT-WRITE.IN-THIS SPACE City & State 4. FEI Number Applied For 59-2379542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WESTON, JERRY 9023 SILVER LAKE DR LEESBURG FL 34788 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: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/04) President TITLE 💢 Delete Change Ch ☐ Addition NAME WESTON, JERRY NAME VICTOR HUOT STREET ADDRESS 9023 SILVERLAKE DR STREET ADDRESS 12195 SE 135 Th AVE CR2E034 CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-7IP Ocklawaha . FL 32179 Secretary + Treasurer Alycia Heng TITLE Delete Change Change TITLE ☐ Addition NAME WESTON, EWA NAME STREET ADDRESS 9023 SILVERLAKE DR STREET ADDRESS 12195 SE 135+1 Ave OCK LAWAHA, FL 32179 CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-7/P 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-7(P CITY-ST-ZIP 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-7IP 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