




**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

5/

05-05-2003 91181 034 \*\*\*150.00

<b>DOCUMENT #</b> P98000000097			
1. Entity Name <b>WEESE &amp; ASSOCIATES, INC.</b>			
Principal Place of Business 10544 BESSENT ROAD N JACKSONVILLE FL 32218-5028		Mailing Address 10544 BESSENT ROAD N JACKSONVILLE FL 32218-5028	
2. Principal Place of Business 516 Camp Ridge Road Suite, Apt. #, etc.		3. Mailing Address 516 Camp Ridge Road Suite, Apt. #, etc.	
City & State Marble Falls, TX Zip 78654 Country USA		City & State Marble Falls, TX Zip 78654 Country USA	
4. FEI Number 59-3485203		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WEESE, JAMES L</b> 10544 BESSENT ROAD N JACKSONVILLE FL 32218-5028		7. Name and Address of New Registered Agent Name: <b>CHARLES F. WINNEY</b> Street Address (P.O. Box Number is Not Acceptable) 857 S. EDGEWOOD AVENUE City: <b>JACKSONVILLE</b> FL <b>FL</b> Zip Code <b>32205</b>	
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 		CHARLES F. WINNEY DATE: 5-30-03	
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEESE, JAMES L 10544 BESSENT ROAD N JACKSONVILLE FL 32218-5028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 516 Camp Ridge Road Marble Falls, TX 78654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON-WEESE, HARRIET 10544 BESSENT ROAD N JACKSONVILLE FL 32218-5028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 516 Camp Ridge Road Marble Falls, TX 78654
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 OF JAMES L. WEESE, DIRECTOR 4/29/03 8:30/798-0092	

CR2E034 (10/02)