

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

DOCUMENT # P980000000097



1. Entity Name
WEESE & ASSOCIATES, INC.

Principal Place of Business
**10544 BESSANT ROAD N
JACKSONVILLE FL 32218-5028**

Mailing Address
**10544 BESSANT ROAD N
JACKSONVILLE FL 32218-5028**

2. Principal Place of Business
516 Camp Ridge Road

3. Mailing Address
516 Camp Ridge Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Marble Falls, TX

City & State
Marble Falls, TX

4. FEI Number
59-3485203

Applied For
☐ Not Applicable

Zip **78654** Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEESE, JAMES L
10544 BESSANT ROAD N
JACKSONVILLE FL 32218-5028**

Name: **CHARLES F. WINNEY**
Street Address (P.O. Box Number is Not Acceptable)
857 S. EDGEWOOD AVENUE
City **JACKSONVILLE** FL **FL** Zip Code **32205**

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*

CHARLES F. WINNEY

5-30-03

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐ **\$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 BESSANT ROAD N JACKSONVILLE FL 32218-5028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON-WEESE, HARRIET 10544 BESSANT ROAD N JACKSONVILLE FL 32218-5028 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 516 Camp Ridge Road Marble Falls, TX 78654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *James L. Weese* **SIGNATURE OF JAMES L. WEESE, DIRECTOR**

4/29/03 8:30/798-0092

Signature, typed or printed name of signing officer or director

Date Payphone #

CR2034 (10/02)