2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000006751**

Country

WEEKS U.S.A. CORPORATION

Principal Place of Business

Mailing Address

10311 OLD HILLSBOROUGH AVE. IAMPA FL 33610-9776

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS 10311 OLD HILLSBOROUGH AVE.

Apr 19, 2000 8:00 am Secretary of State

04-19-2000 90046 018 ***150 00

835883

Applied For

\$8.75 Additional

Fee Required

☐ Change

Addition

Not Applicable

2000

59-3443218

4. FEI Number

5. Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

TAMPA FL 33610-9776

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEEKS, JOHN M III Street Address (P.O. Box Number is Not Acceptable) 10311 OLD HILLSBOROUGH AVE. TAMPA FL 33610-9776 Zip Code FL 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. SIGNATURE . DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. □ Change Addition ☐ Delete TITLE TITLE WEEKS, JOHN M III NAME NAME STREET ADDRESS 10311 OLD HILLSBOROUGH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610-9776 ☐ Change Addition ☐ Delete TITLE ARNOLD, BARBARA L NAME 11448 E MAID CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY - ST-ZJP **INVERNESS FL 34450** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

□ Delete

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Country