

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 011 ***150.00

DOCUMENT # **P. 98000006751**
1. Entity Name
WEEKS U.S.A Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10311 Old Hillsborough Ave
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Zip
33610 Hillsborough

City & State
Zip
Country

4. FEI Number
59-3443218
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
John M. Weeks III
Street Address (P.O. Box Number is Not Acceptable)

10313 Old Hillsborough Av
City
Tampa FL Zip Code
33610

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
John M. Weeks III
10313 Old Hillsborough Ave
Tampa, FL 33610
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Barbara L. Arnold
Sec & Treas
11446 E. Maid Ct
Inverness, FL 34450

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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

SIGNATURE: **John M. Weeks III** 4-23-02 813-663-0299
Date Daytime Phone #