

**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*

City & State  
*Hillsborough*  
Zip  
*Hillsborough*

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	<i>President John M. Weeks III 10313 Old Hillsborough Ave Tampa, FL 33610</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Barbara L. Arnold Sec &amp; Treas 11448 E. Maid Ct Inverness, FL 34450</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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* *John M. Weeks III* 4-23-02 813-663-0299  
Date Daytime Phone #