

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007527

1. Entity Name

WESCHMARK CORPORATION

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90039 005 \*\*\*550.00

Principal Place of Business

102 RIVERSIDE DR  
 8803  
 COCOA FL 32922

Mailing Address

102 RIVERSIDE DR  
 8803  
 COCOA FL 32922

2. Principal Place of Business

248 RIDGEWOOD AVE

Suite, Apt. #, etc.

3. Mailing Address

248 RIDGEWOOD AVE

Suite, Apt. #, etc.

City & State

HOLLY HILL, FL

City & State

HOLLY HILL, FL

Zip

32117

Country

USA

Zip

32117

Country

USA

4. FEI Number

59-3485748

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WESCHE, JAMES A  
 102 RIVERSIDE DR  
 8803  
 COCOA FL 32118

7. Name and Address of New Registered Agent

Name

WESCHE, JAMES A.

Street Address (P.O. Box Number is Not Acceptable)

248 RIDGEWOOD AVE,

City

HOLLY HILL

FL

Zip Code

32117

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*James Wesche*

JAMES WESCHE PRESIDENT

08/31/00

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	P	<input type="checkbox"/> Delete
NAME	WESCHE, JAMES A	
STREET ADDRESS	214 S OLEANDER AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MARKS, ROBERT W	
STREET ADDRESS	102 RIVERSIDE DR 8803	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESCHE, JAMES A	
STREET ADDRESS	248 RIDGEWOOD AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	NO VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSIGNED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/00

904 527-1185

Date

Daytime Phone #

CR2E034 (5/00)