

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0585481 AT

DOCUMENT # P98000007527

1. Entity Name
WESCHMARK CORPORATION

03-14-2002 90049 048 ***150.00

Principal Place of Business
248 RIDGEWOOD AVE
HOLLY HILL FL 32117
US

Mailing Address
248 RIDGEWOOD AVE
HOLLY HILL FL 32117
US



2. Principal Place of Business
1636 Roosevelt Blvd.

3. Mailing Address
1636 Roosevelt Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Daytona Beach, FL

City & State
Daytona Beach, FL

4. FEI Number
59-3485748:

Applied For
 Not Applicable

Zip
32124

Country
USA

Zip
32124

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESCHE, JAMES A
248 RIDGEWOOD AVE
HOLLY HILL FL 32117

Name
 Street Address (P.O. Box Number is Not Acceptable)
1636 Roosevelt Blvd.

City
Daytona Beach **FL** Zip Code
32124

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 _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☐ Delete
 NAME
WESCHE, JAMES A
 STREET ADDRESS
248 RIDGEWOOD AVE
 CITY-ST-ZIP
HOLLY HILL FL 32117

TITLE
☒ Change ☐ Addition
 NAME
 STREET ADDRESS
1636 Roosevelt Blvd.
 CITY-ST-ZIP
Daytona Beach, FL 32124

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☒ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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: **James A. Wesche, President**

01/30/02

Date Daytime Phone #

CR2E034 (9/01)