

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90118 034 ***150.00

DOCUMENT # P98000007527

1. Entity Name
WESCHMARK CORPORATION



Principal Place of Business
**1636 ROOSEVELT BLVD
DAYTONA BEACH FL 32124
US**

Mailing Address
**1636 ROOSEVELT BLVD
DAYTONA BEACH FL 32124
US**



2. Principal Place of Business

1636 Roosevelt Blvd

Suite, Apt. #, etc.

3. Mailing Address

1636 Roosevelt Blvd

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32124

Country

USA

Zip

32124

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
1636 ROOSEVELT BLVD
DAYTONA BEACH FL 32124**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WESCHE, JAMES A**
STREET ADDRESS **1636 ROOSEVELT BLVD**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **SECRETARY** ☐ Delete
NAME **Tina Palmer**
STREET ADDRESS **544 Locust St.**
CITY-ST-ZIP **Port Orange, FL 32127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03 (386) 527-1185

Date

Daytime Phone #