

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035697

1. Entity Name  
WEED SOLUTIONS, INC.



**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90016 050 \*\*\*550.00

Principal Place of Business

7759 PLUMMER RD  
JACKSONVILLE FL 32219

Mailing Address

7759 PLUMMER RD  
JACKSONVILLE FL 32219

2. Principal Place of Business

7759 Plummer RD  
Suite, Apt. #, etc.  
Jacksonville FL  
City & State

3. Mailing Address

Same  
Suite, Apt. #, etc.  
Same  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3506171

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WALL, BRIAN A  
7759 PLUMMER RD  
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name: Brian Wall  
Street Address (P.O. Box Number is Not Acceptable)  
7759 Plummer RD  
City Jacksonville FL Zip Code 32219

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 \_\_\_\_\_

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	ST	<input type="checkbox"/> Delete
NAME	WALL, BRIAN A	
STREET ADDRESS	7759 PLUMMER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARTMAN, BRADLEY	
STREET ADDRESS	7759 PLUMMER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
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 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	
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: Brian Wall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00 904-766-1800  
Date Daytime Phone #

CR2E034 (5/00)