

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000035697**

1. Entity Name  
**WEED SOLUTIONS, INC.**



FILED

03 OCT 22 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**  
CHECK HERE IF MAKING CHANGES

Principal Place of Business  
**7759 PLUMMER RD  
JACKSONVILLE FL 32219**

Mailing Address  
**7759 PLUMMER RD  
JACKSONVILLE FL 32219**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 351317**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Jacksonville FL**

4. FEI Number **59-3506171**

Applied For  
Not Applicable

Zip Country

Zip Country  
**32235 Duval**

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

**WALL, BRIAN A  
7759 PLUMMER RD  
JACKSONVILLE FL 32219**

Name **Bradley S. Hartman**  
Street Address (P.O. Box Number is Not Acceptable)  
**12243 Captiva Bluff Rd**  
City **Jacksonville FL** Zip Code **32226**

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 *Bradley S. Hartman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-29-03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete  
NAME **WALL, BRIAN A**  
STREET ADDRESS **7759 PLUMMER RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

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

TITLE **P** ☐ Delete  
NAME **HARTMAN, BRADLEY**  
STREET ADDRESS **7759 PLUMMER RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32219**

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS **Bradley S. Hartman**  
CITY-ST-ZIP **12243 Captiva Bluff Rd Jacksonville, FL 32226**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Bradley S. Hartman* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-10-03**

Date

**(904) 219-0732**

Daytime Phone #

CR2E034 (4/03)

0121862 AT