

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90031 044 ***150.00

DOCUMENT # P98000035733

1. Entity Name

WEATHERS PRODUCTION SERVICES, INC.

Principal Place of Business

**3454 AMACA CIRCLE
 ORLANDO FL 32837**

Mailing Address

**3454 AMACA CIRCLE
 ORLANDO FL 32837**

2. Principal Place of Business

14005 SIERRA VISTA DR.

3. Mailing Address

14005 SIERRA VISTA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

4. FEI Number

59-3509378

Applied For

Not Applicable

Zip

Country

32837

USA

Zip

Country

32837

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

**PODMENIK, JOHN
 213 CRANBERRY LANE
 BRANDON FL 33510**

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.

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, 2001 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 **PD** ☐ Delete
 NAME **WEATHERS, JAMES**
 STREET ADDRESS **3454 AMACA CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **PD** ☒ Change ☒ Addition
 NAME **WEATHERS, JAMES**
 STREET ADDRESS **14005 SIERRA VISTA DR.**
 CITY-ST-ZIP **ORLANDO, FL. 32837**

TITLE **VTD** ☐ Delete
 NAME **WEATHERS, SONYA**
 STREET ADDRESS **3454 AMACA CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VTD** ☒ Change ☐ Addition
 NAME **WEATHERS, SONYA**
 STREET ADDRESS **14005 SIERRA VISTA DR.**
 CITY-ST-ZIP **ORLANDO, FL. 32837**

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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TITLE ☐ Change ☐ 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:

James A. Weathers **JAMES A. WEATHERS**

APRIL 08, 2001 407-856-4835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)