

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040546

1. Entity Name

WEED & ASSOCIATES TITLE SERVICES, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90083 042 \*\*\*150.00

Principal Place of Business

301 N. HWY. 27  
CLERMONT FL 34711

Mailing Address

301 N. HWY. 27  
CLERMONT FL 34711

2. Principal Place of Business

221 N. US Hwy 27

Suite, Apt. #, etc.

Suite G

City & State  
CLERMONT, FL 34711

3. Mailing Address

221 N. US Hwy 27

Suite, Apt. #, etc.

Suite G

City & State  
CLERMONT, FL 34711

Zip  
34711

Country  
Lake

Zip  
34711

Country  
Lake

4. FEI Number 59-3509714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEED, KATHRYN I  
301 N. HWY. 27  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

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

221 N. US Hwy 27, Suite G

City Zip Code  
CLERMONT, FL 34711

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)

4/26/01

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

TITLE PD ☐ Delete  
NAME WEED, KATHRYN I  
STREET ADDRESS 10634 BELO HORIZONTE AVE  
CITY-ST-ZIP CLERMONT FL 34711

TITLE STD ☒ Delete  
NAME HALL, JUNE G  
STREET ADDRESS 865 TILDENVILLE SCHOOL RD.  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (352) 241-8260

Date

Daytime Phone #

CR2E034 (10/00)