

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047370

1. Entity Name

Weiser Enterprises, Inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 17 AM 10:57

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-03

2. Principal Place of Business

1253 Nottingham St

3. Mailing Address

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip 32803

Country

Zip

Country

4. FEI Number

59-3510440

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Weiser, Daniel L.

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

1253 Nottingham St.

City Orlando

FL

Zip Code 32803

DO NOT WRITE
IN THIS SPACE

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)

3/4/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIPD
Weiser, Daniel L.
1253 Nottingham St.
Orlando, FL 32803TITLE
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03/25/03--01068--004 \$226.22DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)