

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0010420 AV

DOCUMENT # P98000057113

1. Entity Name
WEED TILE, INC.



FILED

03 OCT 15 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
293 EAST LONG CREEK COVE
LONGWOOD FL 32750

Mailing Address
293 EAST LONG CREEK COVE
LONGWOOD FL 32750



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3524345

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WEED, JAMES A JR.
293 EAST LONG CREEK COVE
LONGWOOD FL 32750

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James A. Weed*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9-25-03

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 D
NAME WEED, JAMES A JR.
STREET ADDRESS 293 EAST LONG CREEK COVE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME *James A. Weed*
STREET ADDRESS
CITY-ST-ZIP *293 East Long Creek Cove Longwood FL 32750* ☐ Addition

TITLE O
NAME WEED, MARCY S
STREET ADDRESS 293 EAST LONG CREEK COVE
CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *800023816248
10/15/03--01047--001 **750.00* ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *James A. Weed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-25-03 407-832-9302

CR2E034 (4/03)