2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000089368 DOCUMENT

1. Entity Name

WEALTH ADVISORS-SOUTHEAST, INC.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90117 020 ***150.00

				7.		
Principal Place of Business 1713 MAHAN DR. TALLAHASSEE FL 32308		Mailing Address 1713 MAHAN DR. TALLAHASSEE FL 32308				
2. Principal Place of Business		3. Mailing Address		! ING!! BEN !!U !GIRI ! IN!! BEN!! BEN!! BEN!! BENE! !BIN !!!!B !		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		1 59535091/3 I 	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	tional	
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent		
MEIDALES	DIOLLARD A	<u> </u>	Name -	m mm de properties and the second		
WEIDNER, RICHARD A			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
1713 MAHAN DR.			3110017100100	(1.5. Box Number is Not Acceptable)		
TALLAHA	SSEE FL 32308					
			City	FL Zip Code		
8. The above the obligation	e named entity submits this statement for tions of registered agent.	or the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, ar	nd accept	
SIGNATURE						
OIGHAIGHE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature requi	red when reinstating) DATE		
🏇 After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State	7 <u></u>	9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to	May Be o Fees	
10.	OFFICERS AND		11.	ADDITIONOLOGIANOSO		
TITLE	D	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
NAME	WEIDNER, RICHARD A	L Delate	NAME	☐ Change	Addition S	
STREET ADDRESS	1713 MAHAN DR		STREET ADDRESS		2	
CITY-ST-ZIP	TALLAHASSE FL 32308		CITY-ST-ZIP		Moditiphy Unitiphy Unitiphy Unitiphy Unitiphy United Nation United Natio	
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STREET ADDRESS	reed, sumner a 1713 Mahan Dr.		NAME		0	
CITY-ST-ZIP	TALLAHASSEE FL 32308		STREET ADDRESS CITY-ST-7IP			
TITLE	0	□ Delete	TITLE			
NAME	COX, LUTHER T	, neigle	NAME	☐ Change [Addition	

APPLEWHITE, SARA G STREET ADDRESS 4267 LAFAYETTE ST. STREET ADDRESS CITY-ST-ZIP MARIANNA FL 32447 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HUNTER, RODNEY W NAME STREET ADDRESS 222 FLETCHER ST. STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31799 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

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:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1713 MAHAN DR.

TALLAHASSEE FL 32308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition