

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90068 004 ***150.00

DOCUMENT # P98000106644

1. Entity Name
WEAVERWORLD, INC.



Principal Place of Business
**102 EAST NEW HAVEN AVENUE
SUITE #144
MELBOURNE FL 32901**

Mailing Address
**102 EAST NEW HAVEN AVENUE
SUITE #144
MELBOURNE FL 32901**

2. Principal Place of Business

13 E. Melbourne Ave.

Suite, Apt. #, etc.
Suite F

City & State
Melbourne FL

Zip
32901

Country
US

3. Mailing Address

13 E. Melbourne Ave

Suite, Apt. #, etc.
Suite F

City & State
Melbourne FL

Zip
32901

Country
US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3548058**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEAVER, JODY R
312 CLAYTON AVENUE
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **P** ☐ Delete
NAME **WEAVER, JODY R**
STREET ADDRESS **102 EAST NEW HAVEN AVENUE, SUITE #144**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **WEAVER, OLETA M**
STREET ADDRESS **102 EAST NEW HAVEN AVENUE, SUITE #144**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13 E. Melbourne Ave., Suite F**
CITY-ST-ZIP **Melbourne FL 32901**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **13 E. Melbourne Ave., Suite F**
CITY-ST-ZIP **Melbourne FL 32901**

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CITY-ST-ZIP

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03
Date

321 733 0302
Daytime Phone #

CR2E034 (10/02)