2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # P98000107659 1. Entity Name 05-24-2002 91314 044 ***158.75 WEATHERBEATERS ALUMINUM INC. Principal Place of Business Mailing Address 7134 WOOD IBIS DR 7134 WOOD IBIS DR **NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34654** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2047895 Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired -Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAITE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 7134 WOOD IBIS DR **NEW PORT RICHEY FL 34654** City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change Waite, Daniel NAME NAME STREET ADDRESS 7134 WOOD IBIS DR STREET ADDRESS NEW PORT RICHEY FL 34654 CITY-ST-ZIP CITY-ST-ZIP TITLE ۷P ☐ Delete TITLE Change ☐ Addition NAME NAME Waite, Joan STREET ADDRESS STREET ADDRESS 7134 WOODIBIS DR. CITY-ST-ZIP NEW PORT RICHEY FL 34654 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

er like empowered.

changed, or on an attachment with an address, with all

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