

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90019 048 ***150.00

DOCUMENT #

P99000042645

1. Entity Name

LITTLE WEED WEAR

Principal Place of Business

Mailing Address

4900 TRAYLOR AVE
SALASOTA, FL 34234

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO INC
2699 S BAYSHORE DR
7TH FLOOR
MIAMI, FL 33133

Name

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

City

FL

Zip Code

8. The above named entity has consented for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ROBYN MAGLER (PRESIDENT)	4900 TRAYLOR AVE	SALASOTA FL 34234	☐	☐
	WYLIE MAGLER	4900 TRAYLOR AVE (U.P.)	SALASOTA, FL 34234	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. I further certify that the information contained on this report is true and correct and that my signature shall have the same legal effect as if made and attested by the 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 changed, or on an attachment with an affidavit with an officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

Daytime Phone #

CR2E034 (8/99)