

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086511

1. Entity Name
WEeping WILLOW, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90015 044 ***150.00

Principal Place of Business Mailing Address
1751 HAWTHORNE ST. 1751 HAWTHORNE ST. ← home address
SARASOTA FL 34239 SARASOTA FL 34239

2. Principal Place of Business 3. Mailing Address
506 S. Pineapple Ave Suite, Apt. #, etc.

City & State City & State
Sarasota, FL

Zip Country Zip Country
34236 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number EIN 65-0952671 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ALEXANDER, KIM
1751 HAWTHORNE ST.
SARASOTA FL 34239

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.

SIGNATURE *Kim Alexander* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, KIM	
STREET ADDRESS	1751 HAWTHORNE ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIEDRICH, PAMELA	
STREET ADDRESS	5450 LONGWOOD RUN BLVD., #203	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kim Alexander* 7/7/00 941.9555506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2-034 (5/00)