

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90027 019 ***150.00

DOCUMENT # P99000091467

1. Entity Name

WEEKS DESIGN & MFG., INC.

Principal Place of Business

204 37TH AVENUE N. #123
 ST. PETERSBURG FL 33704

Mailing Address

204 37TH AVENUE N. #123
 ST. PETERSBURG FL 33704-1416

B0005982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

33 FOURTH ST. N.

3. Mailing Address

Suite, Apt. #, etc.

STE. 208 E

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

4. FEI Number

59-3608370

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

33701

Country

PINELLAS

Zip

Country

6. Name and Address of Current Registered Agent

WEEKS, BRIAN F
204 37TH AVENUE N., #123
ST. PETERSBURG FL 33704

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

Brian F. Weeks **BRIAN F. WEEKS**

15 JAN 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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** Delete
 NAME **WEEKS, BRIAN F**
 STREET ADDRESS **204 37TH AVENUE N., #123**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **D** Delete
 NAME **WEEKS, HEATHER A**
 STREET ADDRESS **204 37TH AVENUE N., #123**
 CITY-ST-ZIP **ST. PETERSBURG FL 33704**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Change 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:

Brian F. Weeks **BRIAN F. WEEKS**

15 JAN 2000

Date

Daytime Phone #

727-643-7598

905-709-6449

CR2E034 (9/99)