

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-07-2003 91005 042 ***158.75

DOCUMENT # S09252

1. Entity Name
WEISS RATINGS, INC.



Principal Place of Business
**4176 BURNS ROAD
PALM BEACH GARDENS FL 33410**

Mailing Address
**4176 BURNS ROAD
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0500111**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNDERWOOD, LESLIE B
4176 BURNS ROAD
WEST PALM BEACH FL 33410**

Name **John Leavitt**
Street Address (P.O. Box Number is Not Acceptable)
4176 Burns Road
City **Palm Beach Gardens** **FL** Zip Code **33410**

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 **John Leavitt** **John Leavitt Treasurer** **3/27/2003**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEISS, MARTIN D	
STREET ADDRESS	4176 BURNS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	UNDERWOOD, LESLIE B	
STREET ADDRESS	4176 BURNS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LACKEY, DAVID	
STREET ADDRESS	4176 BURNS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	NICHOLAS, DANA K	
STREET ADDRESS	4176 BURNS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GANNON, MELISSA	
STREET ADDRESS	4176 BURNS RD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin D. Weiss	
STREET ADDRESS	4176 Burns Road	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracey L. Sprovier	
STREET ADDRESS	4176 Burns Road	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Leavitt	
STREET ADDRESS	4176 Burns Road	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
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		

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 **John Leavitt** **3/27/2003** **(561) 627-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)