

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91183 047 ***150.00

DOCUMENT # S34514

1. Entity Name
WEATHER-TECH, INC.

Principal Place of Business

403 OLD MILL POND RD
PALM HARBOR FL 34683-1718
US

Mailing Address

PO BOX 13183
ST. PETERSBURG FL 33733-3183
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600-22 ST. N.
 Suite, Apt. #, etc.

3. Mailing Address

2600-22 ST. N.
 Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-3052955

Applied For

Not Applicable

Zip **33713**

Country **USA**

Zip **33713**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RIST, JAMES
403 OLD MILL POND RD
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name

JOHN V. LOONEY

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

2600-22 ST. N.

City

St. Petersburg FL

Zip Code

33713

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)

DATE

4-25-02

JOHN LOONEY, V.P.

4-22-02

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, 2002 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	PVST	<input checked="" type="checkbox"/> Delete
NAME	RIST, JAMES	
STREET ADDRESS	403 OLD MILL POND RD	
CITY-ST-ZIP	PALM HARBOR FL 34683-1718	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LOONEY	
STREET ADDRESS	2600-22 ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
TITLE	V/P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LOONEY	
STREET ADDRESS	2600-22 ST. N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33713	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN LOONEY, V.P.

Date

Daytime Phone #

4-22-02 **823-3455**

CR2E034 (9/01)