2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
06-12-2001 90002 008 ***150.00
06-27-2001 90005 032 ***400.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # S35384

1. Entity Name
WEAVER & WEAVER, P.A.

Principal Place of Business	Mailing Address
700 SE 3 AVE STE 100 FT. LAUDERDALE FL 33316 US	PO BOX 14663 FT. LAUDERDALE FL 33302-4663 US

2. Principal Place of Business		3. Mailing Address	
7077 BONNEVAL ROAD		7077 BONNEVAL ROAD	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32216	Country USA	Zip 32216	Country USA

4. FEI Number 65-0246152 — Applied F / Not Applic

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

6. Name and Address of Current Registered Agent

WEAVER, BEN J.
~~700 S E THIRD AVE~~ 3709 CEYLON DRIVE
~~STE 100~~ GULF BREEZE,
~~FT. LAUDERDALE FL 33316~~ FL 32561

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 [signature]
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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, BEN J. 700 SE 3 AVE, STE 100 FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3709 CEYLON DRIVE GULF BREEZE, FL 3256	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, DIANNE JAY 700 SE 3 AVE, SUITE 100 FT. LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3709 CEYLON DRIVE GULF BREEZE, FL 325	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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] 5/15/01 (904) 296-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #