2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 02, 2001 8:00 am Secretary of State **DOCUMENT # \$46638** 1. Entity Name TONI WEIDMAN, P.A. 02-02-2001 90275 018 ***150.00 Principal Place of Business Mailing Address 3504 HOGAN DR 3504 HOGAN DR NEW PORT RICHET EL 34655 NEW PORT RICHEY FL 34655 V V I U A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3064427 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Pasco Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDMAN CRAIG P O. Bennumber is Not Acceptable) 350 HOGAN DR ^{Zip C}9967 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Weidman Ton NAME WEIDMAN, CRAIG P NAME 13:304 Shad barry STREET ADDRESS 3504 HOGAN DRIVE STREET ADDRESS Hudson Fl 34667 CITY-ST-ZIP CITY-ST-ZIP > **NEW PORT RICHEY FL 34655** TITLE Delete TITLE WEIDMAN, TONI NAME NAME STREET ADDRESS 3504 HOGAN DRIVE STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS
CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/01

727 \$15 1448

Daytime Phone #