

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90268 008 ***150.00

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DOCUMENT # S46638

1. Entity Name
TONI WEIDMAN, P.A.



Principal Place of Business
**13304 SHADBERRY LN
HUDSON FL 34667**

Mailing Address
**13304 SHADBERRY LN
HUDSON FL 34667**

US

US



2. Principal Place of Business

3. Mailing Address

4575 Prince George Cir
Suite, Apt. #, etc.

4575 Prince George Cir
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

New Port Richey FL

City & State

New Port Richey FL

4. FEI Number **59-3064427**

Applied For
Not Applicable

Zip

34655

Country

Pasco

Zip

34655

Country

Pasco

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

6. Name and Address of Current Registered Agent

WEIDMAN, CRAIG P
13304 SHADBERRY LN
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name
Weidman Craig P
Street Address (P.O. Box Number is Not Acceptable)
4575 Prince George Cir
City
New Port Richey FL Zip Code
34655

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 **Craig P Weidman**
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

TITLE	V	<input type="checkbox"/> Delete
NAME	WEIDMAN, CRAIG P	
STREET ADDRESS	13304 SHADBERRY LN	4575 Prince George Cir
CITY - ST - ZIP	HUDSON FL 34667	New Port Richey FL 34655
TITLE	P	<input type="checkbox"/> Delete
NAME	WEIDMAN, TONI	
STREET ADDRESS	13304 SHADBERRY LN	4575 Prince George Cir
CITY - ST - ZIP	HUDSON FL 34667	New Port Richey FL 34655
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Craig P Weidman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/03 327 346 9494
Daytime Phone #

CR2E034 (10/02)