2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$62754

1. Entity Name WESTON ASSOCIATES, INC. Principal Place of Business Mailing Address 5575 LAKE WORTH RD. 5475 LAKE WORTH ROD.

FILED Mar 02, 2001 8:00 am Secretary of State 03-02-2001 90021 005 ***150.00

AKE WORTH FL 33463 S 2. Principal Place of Business		US 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SP.	ACE		
City & State		City & State		4. FEI Number	. FEI Number 65-0287178			Applied For	
Country	Zip Country .			5. Certificate of	Status Desired		B.75 Add	ditional	•
6. Name and Address of Current Registered Agent				7 Name and An	drose of New Peni				1
COONEY, SANDRA						istered Ag	ent		
			Street Address (F	P.O. Box Number is	s Not Acceptable)				
		(City			FL	Zip Cod	le	
entity submits this statement fo	r the purpose of changing its	s registered (office or registere	ed agent, or both, i	n the State of Florid	la.			
e, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Ag	ent signature required	when reinstating)		DATE			
Tax filling requirement and elects to do so. After MAY 1,		001 Fee will be \$550.00		Trust		cing	\$5.0 Adde)0 May Be d to Fees	-
OFFICERS AND	DIRECTORS	12.		ADDITIONS/CH	IANGES TO OFFICE	ERS AND D	IRECTOR	S IN 11	1
LAKE WORTH RD	☐ Delete	1				(Change	Addition	03/ (10/00)
NEY, SANDRA LAKE WORTH RD	NAA Str					[Change	☐ Addition	1000
	☐ Delete					[Change	☐ Addition	
	☐ Delete						Change	Addition	
	☐ Delete						Change	Addition	
	☐ Delete	TITLE NAME STREET	ADDRESS				Change	Addition	
	Country Name and Address of Current SANDRA D ANDORRA M BEACH FL 33405 If entity submits this statement for a, typed or printed name of registered agent is eligible to satisfy its Intangible ment and elects to do so. ack)	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Name and Address of Current Registered Agent SANDRA ANDORRA M BEACH FL 33405 If entity submits this statement for the purpose of changing it be typed or printed name of registered agent and title if applicable. (NO is eligible to satisfy its Intangible ment and elects to do so. ack) OFFICERS AND DIRECTORS NEY, BERNARD LAKE WORTH RD E WORTH FL NEY, SANDRA LAKE WORTH RD E WORTH FL Delete Delete	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country SANDRA A NANDORRA M BEACH FL 33405 I entity submits this statement for the purpose of changing its registered Agent seligible to satisfy its Intangible ment and elects to do so. ack) OFFICERS AND DIRECTORS NEY, BERNARD LAKE WORTH RD WORTH FL NEY, SANDRA LAKE WORTH RD WORTH FL Delete TITLE NAME STREET A CITY-ST DELETE NAME STREET A CITY-ST TITLE NAME STREET A	Business 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Name and Address of Current Registered Agent Name SANDRA A ANDORRA A M BEACH FL 33405 City d entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. Note: Registered Agent signature required agent and elects to do so. ack) OFFICERS AND DIRECTORS NEY, BERNARD LAKE WORTH RD E WORTH FL NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE TITLE	Business 3. Mailing Address Suite, Apt. #, etc. Country Zip Country 5. Certificate of \$\frac{1}{2}\$ Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address (P.O. Box Number is SANDRA ANDORRA ANDORRA Street Address (P.O. Box Number is City 1. Str	Business 3. Mailing Address DO NOT WRITE I City & State 4. FEI Number 65-0287178 Country Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Reg SANDRA ANDORRA M BEACH FL 33405 I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid City of Status Desired 7. Name and Address of New Reg Street Address (P.O. Box Number is Not Acceptable) I entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florid City of Status Desired Agent Sepaluse required when reinstating) I entity submits this statement for the purpose of changing its registered Agent sepaluse required when reinstating) I entity submits this statement for the purpose of changing its registered Agent sepaluse required when reinstating) I entity submits this statement for the purpose of changing its registered Agent sepaluse required when reinstating) I entity submits this statement for the purpose of changing its registered Agent sepaluse required when reinstating) I entity submits this statement for the purpose of changing its registered Agent sepaluse required when reinstating) I beliet on States States of States Address (P.O. 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Certificate of Status Desired Set Repaire Page 1 Sept Address of Current Registered Agent Page 1 Sept Address of New Registered Agent Name SANDRA ANDORRA M BEACH FL 33405 City FL Zip Country FL Zip Country FL Zip Country Sept Address of New Registered Agent Name SANDRA ANDORRA Street Address of Current Registered Agent Page 1 Sept Address of New Registered Agent Name SANDRA ANDORRA Street Address of Current Registered Agent Page 1 Sept Address of New Registered Agent Name SANDRA ANDORRA Street Address of New Registered Agent Sept Address of New Registered Agent Name City FL Zip Country FL Zip Country Sept Address of New Registered Agent Name Seligible to sately to Intengal be Sept Address of New Registered Agent Name Name Name Name Name Name Name Name	Bulancess 3. Mailing Address Suite, Apt. V. etc. Country Zp Country S. Certificate of Starus Desired Foo Required For Required Foo Required Fo

of the corporation or the receiver of 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.