

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V53406

1. Entity Name

WEBER INVESTMENT CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90071 033 ***150.00

Principal Place of Business

Mailing Address

ROUTE 2, BOX 83A
EAST PALATKA FL 32131

332 ST JOHNS AVE
EAST PALATKA FL 32177-4723



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

332 St. Johns Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palatka FL

4. FEI Number 59-3140753

Applied For
Not Applicable

Zip

Country

Zip
32177

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWENS, WESLEY H
1919 BLANDING BLVD
SUITE 8
JACKSONVILLE FL 32210

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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
WEBER, WARREN
RT. 2, BOX 83A
E. PALATKA FL 32131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEBER, DONALD
RT. 2, BOX 83A
E. PALATKA FL 32131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OWENS, WESLEY H
1919 BLANDING BLVD STE 8
JACKSONVILLE FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)