

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90136 048 ***550.00

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1. Entity Name
WEST CONSULTANTS, INC.



Principal Place of Business
**11848 BERNARDO PLAZA CT., STE. 140B
SAN DIEGO CA 92128**

Mailing Address
**11848 BERNARDO PLAZA CT., STE. 140B
SAN DIEGO CA 92128**

2. Principal Place of Business
16870 W. Bernardo Drive

3. Mailing Address
16870 W. Bernardo Drive

Suite, Apt. #, etc.
Suite 340

Suite, Apt. #, etc.
Suite 340

City & State
San Diego, CA

City & State
San Diego, CA

4. FEI Number **33-0303017**

Applied For
Not Applicable

92127

Country
USA

92127

Country
USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRENSHAW, KENNETH B
3175 S. CONGRESS AVE., STE. 301
PALM SPRINGS FL 33461**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **CPT**
NAME **WILLIAMS, DAVID T**
STREET ADDRESS **11848 BERNARDO PLAZA CT., STE. 140B**
CITY-ST-ZIP **SAN DIEGO CA 92128**

TITLE **CVS**
NAME **BRADLEY, JEFFREY B**
STREET ADDRESS **2601 25TH ST SE, SUITE 450**
CITY-ST-ZIP **SALEM OR 97302-1286**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS **16870 W. Bernardo Drive Ste 340**
CITY-ST-ZIP **San Diego, CA 92127**

TITLE
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

7/14/03 (503) 485-5490

Date Daytime Phone *

CR2E034 (4/03)