**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F9900006447 WESTERN MAINTENANCE AND MANAGEMENT, INC. 04-11-2001 90051 003 \*\*\*150.00 Principal Place of Business Mailing Address WESTERN PROPERTY MANAGEMENT WESTERN PROPERTY MANAGEMENT 215 WEST 100 S 215 WEST 100 S SALT LAKE CITY UT 84101 SALT LAKE CITY UT 84101 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 87-0328330 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALANCY, STEVEN C ESQ Street Address (P.O. Box Number is Not Acceptable) JENNINGS & VALANCY PA ONE E BROWARD BLVD SUITE 1505 FT LAUDERDALE FL 33301 City 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) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition LUNT, LARRY V NAME NAME 4579 WANDER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SALT LAKE CITY UT 84117 TITLE ☐ Delete TITLE Change ☐ Addition ADAMS, DAVID W NAME NAME 2832 WOODBURY CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST GEORGE UT 84770 CITY-ST-ZIP TITLE ☐ Delete Change Addition LUNT, JOHN L NAME NAME 2675 CAMILLE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84124 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition CARROLL, PHILIP NAME NAME STREET ADDRESS 89 G STREET STREET ADDRESS CITY-ST-ZIP SALT LAKE CITY UT 84103 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

44/2006

801-328-1866