FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90946 012 ***150.00

DOCUMENT # P00000102965

1. Entity Name

EDWARD C. WEST ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5651 NW 24th Terrace		5651 NW 24th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON FL		City & State: BOCA RATON FL	
Zip: 33496	Country: US	Zip: 33496	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1057734 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ARNOLD S. GOLDIN

Street Address (P.O. Box Number is Not Acceptable): 5030 CHAMPION Blvd #G-6231

City: BOCA RATON FL Zip Code: 33496

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT - DIRECTOR
NAME	EDWARD C. WEST
STREET ADDRESS	5651 NW 24th Terrace
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	SECRETARY - DIRECTOR
NAME	MARILYN WEST
STREET ADDRESS	5651 NW 24th Terrace
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE X [signature] (EDWARD C. WEST) 4/10/03 561-241-6564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #