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FILED
May 28, 2002 8:00 am
Secretary of State

02-19-2002 90081 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006394

1. Entity Name
DON WEST, INC.

Principal Place of Business
1510 AIRPORT BLVD
PENSACOLA FL 32504

Mailing Address
1510 AIRPORT BLVD
PENSACOLA FL 32504

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

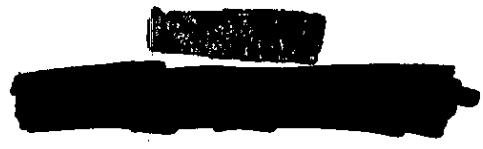
City & State

Zip **Country** **Zip** **Country**

4. FEI Number
59-3690966

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEST, DON
6236 WILLARD NORRIS ROAD
MILTON FL 32570

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.

SIGNATURE _____ (NOTE: Registered Agent Signature required when warranted) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement, and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$250.00
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	TITLE	NAME
President	Don West		
6236 Willard Norris Road	Milton, FL 32570		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **1/30/02 (850) 484-4622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2004 (3/01)