## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000069914

1. Entity Name

WEST-HALL, INC.

Principal Place of Business

Mailing Address

8695 COLLEGE PARKWAY STE 225 FT MYERS FL 33919 8695 COLLEGE PARKWAY STE 225 FT MYERS FL 33919-4810

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90033 036 \*\*\*150.00



City & State	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
S. Name and Address of Current Registered Agent	City & State City & S		City & State	State			4. FEI Number 65-0690948				
Name Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds.  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  Provided the statement of the purpose of changing its registered office or registered agent, or both, in the State of Fonds.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  Provided the statement of agenesia special in registered agent, or both, in the State of Fonds.  SIGNATURE  SIGNATURE  SIGNATURE  Provided the statement of agenesia special in registered agent, or both, in the State of Fonds.  SIGNATURE  SIGNATURE  Provided the statement of agenesia special in registered agent, or both, in the State of Fonds.  SIGNATURE  SIGNATURE  Provided the statement of agenesia special in registered agent, or both, in the State of Fonds.  SIGNATURE  SIGNATURE  Provided the statement of agenesia special in registered agent, or both, in the State of Fonds.  Interest Commission  Make Check Payable to Department of State  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  SIGNATURE STATES OF Interest agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. Box Numbers agent, or both, in the State of Fonds.  Interest Address (P.O. B	Zip	Country	Zip	Zip Countr			Certificate of Status Desired				
Street Address (PO Box Number is Not Acceptable)  Street Address (PO Box Number is Not Acceptable)  City FL Zip Cross  In the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids  SIGNATURE  **The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids  SIGNATURE  **This corporation is eligible to satisfy its intangible flat interpretation of solid to do so.   After MAY 1, 2000 Fee will be \$550.00   A		6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Re	gistered A	gent		
Section   Sect					Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids.  SIGNATURE    Signature, byeard or printed rome of registered agent, or both, in the State of Florids.   Signature, byeard or printed rome of registered agent and their Apolication	8800 STAGHORN WAY			ļ	Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE    Signature   State	FT M	IYERS FL 33908									
SIGNATURE    Signature   Signa					City			FL	Zip Code	!	
SIGNATURE    Signature   Signa	8 The above	named entity submits this statement to	or the purpose of changing its	registere	d office or	registered age	ent, or both, in the State of Flor	ida.			
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITEE  NAME  HALL, NANCY  139S SAUTERN DR  FT MYERS FL  1109 HARBOUR ESTATES CR  FT MYERS FL  33908  11109 HARBOUR ESTATES CR  FT MYERS FL  33908  11109 HARBOUR ESTATES CR  FT MYERS FL  33908  11109 HARBOUR ESTATES CR  TITLE  WEST, JANET E  SIRECT ADDRESS  CITY-ST-2P  TITLE  NAME  STRECT ADDRESS  CITY-ST-2P	<b>9.</b> 1110 00010	The state of the s								j	
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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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/3/00

-941-482-0202

Daytime Phone #