

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90077 049 ***150.00

DOCUMENT # P96000069914

1. Entity Name
WEST-HALL, INC.



Principal Place of Business
~~7900 SUMMERLIN LAKES DR~~
~~STE 201~~
~~FORT MYERS FL 33907~~

Mailing Address
~~7900 SUMMERLIN LAKES DR~~
~~STE 201~~
~~FORT MYERS FL 33907~~

2. Principal Place of Business
8359 BEACON BLVD
Suite, Apt. #, etc.
STE 305

3. Mailing Address
8359 BEACON BLVD
Suite, Apt. #, etc.
STE 305

City & State
FORT MYERS FL
Zip
33907
Country
LEE

City & State
FORT MYERS FL
Zip
33907
Country
LEE

4. FEI Number 65-0690948

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WEST, JANET E
~~8800 STAGHORN WAY~~
~~FT MYERS FL 33908~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8359 BEACON BLVD
STE 305
City FORT MYERS FL Zip Code 33907

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 *Leonard W Hall* LEONARD W HALL

3/3/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | PS HALL, NANCY 11109 HARBOUR ESTATES CR FORT MYERS FL 33908 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT WEST, JANET E 8800 STAGHORN WAY FT MYERS FL 33908 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8359 BEACON BLVD STE 305 FORT MYERS FL 33907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8359 BEACON BLVD STE 305 FORT MYERS FL 33907 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Leonard W Hall* LEONARD W HALL

3/3/03
Date

239-4820202
Daytime Phone #

CR2E034 (10/02)