## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P97000010179 **DOCUMENT #**

1. Entity Name

WEST FLORIDA MANAGEMENT SERVICES INC



**FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90464 032 \*\*\*150.00

*******		ICINCOLIN	IEINI SERVICE	o, inc.			7				
Principal Place of Business 7602 CONGRESS STREET. SUITE 4 NEW PORT RICHEY FL 34653  Mailing Address 7602 CONGRESS STREET NEW PORT RICHEY FL 34653  MEW PORT RICHEY FL 3											
2. Principal	I Place of Busin	ness	<b>3.</b> M	3. Mailing Address			-		<b>                                    </b>		
Suite, Ap	ot. #, etc.		Sı	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			C	City & State			35 3423020			Applied For	
Zip		Country	Zi	p	Country	у	<b>5.</b> Ce		\$8.75	Not Applicab Additional	le
	6. Name	and Addres	s of Current Registe	red Agent			7 Nar	me and Address of New Regis	Fee Req	uired	4
÷ .			بالمسترا ويردم وفقا سواد		<del>  </del>	Name		ne and Address of New Regis	tered Agent	<del></del>	┥.
HEILER, 7602 CO	Scott Ingress St	SUITE 4				Street Address (P.O. Box Number is Not Acceptable)				$\dashv$	
NEW PO	RT RICHEY F	L 34653				-	•				$\dashv$
9 The shau						City	FL Zip Code istered agent, or both, in the State of Florida. I am familiar with, and accept				7
the obliga	ations of registe	ered agent.	statement for the pur	pose of changing its r	registered	office or register	ed agent	, or both, in the State of Florida.	I am familiar w	ith, and accept	t
SIGNATURE		r printed name of	registered agent and title if ap	oplicable (NOTE:	Registered A	gent signature required	when roines	atino	 DATE		
Afte	FILE NOW!!! er May 1, 200 k Payable to	3 Fee will b				<u>., </u>		Election Campaign Financir     Trust Fund Contribution.	ng	5.00 May Be ded to Fees	
10.		OFF	ICERS AND DIRECTO	ORS	11.		ADDIT	IONS/CHANGES TO OFFICERS	S AND DIRECT	DRS IN 11	4
TITLE Name Street address City-St-Zip	PSTD HEILER, SC 7602 CONC NEW PORT	RESS STR	EET, SUITE 4 . 34653	☐ Delete	TITLE NAME STREET A	ADDRESS - ZIP		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	☐ Chang		7,700,000, 7,000
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TLE AME TREET ADDRESS				☐ Delete	TITLE NAME STREET AD	DDRESS			☐ Change	☐ Addition	1

12. Thereby 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 emogwered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**UNINEU** 

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR