# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRES.

#### SIGNATURE: THOMAS MOLLER

Electronic Signature of Signing Officer/Director Detail

## Officer/Director Detail :

Title	DP	Title	VTS
Name	MOLLER, THOMAS	Name	MOLLER, DEBORA S
Address	6175A CLARK CENTER AVE	Address	6175A CLARK CENTER AVE.
City-State-Zip:	SARASOTA FL 34238	City-State-Zip:	SARASOTA FL 34238

# DOCUMENT# H28413

Entity Name: CORVETTES WEST, INC.

### Current Principal Place of Business:

% THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238

### **Current Mailing Address:**

% THOMAS MOLLER 6175A CLARK CENTER AVENUE SARASOTA, FL 34238

# FEI Number: 59-2464224

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MOLLER, THOMAS 6175A CLARK CENTER AVENUE SARASOTA, FL 34238 US

## FILED Jan 28, 2021 Secretary of State 0609476145CC

Certificate of Status Desired: No

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:

Date