

2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # 525196

1. Entity Name

ARMSTRONGS' WESTERN TREND, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90447 020 ***150.00

0361061

Principal Place of Business Mailing Address
6051-54TH AVENUE NORTH 6051-54TH AVENUE NORTH
ST PETERSBURG FL 33709 ST PETERSBURG FL 33709

929881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1712837

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMSTRONG, LYLE E
6051-54TH AVENUE NORTH
ST PETERSBURG FL 33707

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	VD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, LYLE E	
STREET ADDRESS	5700 61ST LANE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMSTRONG, MARY J	
STREET ADDRESS	5700 61ST LANE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PASSE, BEVERLY J	
STREET ADDRESS	2923 LONGBROOKE WAY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Joan Armstrong	
STREET ADDRESS	5700 61st Lane N.	
CITY-ST-ZIP	St. Pete. FL. 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mary Joan Armstrong, Pres.

3/9/01

727.544.6730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)