

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90072 027 ***150.00

DOCUMENT # F02000005200

1. Entity Name
WEST PARK MANAGEMENT, INC.



Principal Place of Business
8560 MINNIE BROWN ROAD STE. 124
MONTGOMERY AL 36117

Mailing Address
8560 MINNIE BROWN ROAD STE. 124
MONTGOMERY AL 36117



2. Principal Place of Business
Palatka Daks

3. Mailing Address
West Park DBA Palatka Daks

Suite, Apt. #, etc.
200 College Road
Palatka FL

Suite, Apt. #, etc.
PO Box 241402
Montgomery AL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
36-1167836

Applied For
Not Applicable

City & State
32177 USA

City & State
36124-1402 USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BLANCHARD, JOHN D
8560 MINNIE BROWN ROAD STE. 124
MONTGOMERY AL 36117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MILLER, SAMUEL L
8560 MINNIE BROWN ROAD STE. 124
MONTGOMERY AL 36117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

334-215-1411

Date

Daytime Phone #

CR2E034 (10/02)