

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001223

1. Entity Name
WAY OUT WEST, INC.

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90056 047 ***150.00

Principal Place of Business Mailing Address
~~2712~~ US HWY 27 N WAY OUT WEST US HWY 27 N
DAVENPORT FL 33837 43370 HIGHWAY 27 DAVENPORT FL 33837
DAVENPORT, FL 33837



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3420383

Applied For
Not Applicable

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

ANDERS, JAMES F
4717 US HWY 27 N
DAVENPORT FL 33837

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, 2002 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 DP ☐ Delete
NAME ANDERS, PAMELA C
STREET ADDRESS 4717 US HWY 27 N
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ Change ☐ Addition
NAME WAY OUT WEST
STREET ADDRESS 43370 HIGHWAY 27
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE DV ☐ Delete
NAME ANDERS, JAMES F
STREET ADDRESS 4717 US HWY 27 N
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ Change ☐ Addition
NAME WAY OUT WEST
STREET ADDRESS 43370 HIGHWAY 27
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE DST ☐ Delete
NAME CARSON, MARGUERITE
STREET ADDRESS 4717 US HWY 27 N
CITY-ST-ZIP DAVENPORT FL 33837

TITLE ☒ Change ☐ Addition
NAME WAY OUT WEST
STREET ADDRESS 43370 HIGHWAY 27
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

863-424 1844

Daytime Phone #

CR2E034 (9/01)