

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003512

1. Entity Name

WESTCROWNS, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90030 032 ***150.00

Principal Place of Business

477 SUMMERFIELD WAY
VENICE FL 34292

Mailing Address

477 SUMMERFIELD WAY
VENICE FL 34292

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 56-2136695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARD, GEOFFREY C
477 SUMMERFIELD WAY
VENICE FL 34292

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HARAN, JOHN WILLIAM
CITY-ST-ZIP CARSAIG, 25 NEWTYLE ROAD
PAISLEY, RENFREWSHIRE PA1 -3JU

TITLE ☐ Delete
NAME D
STREET ADDRESS HARAN, JOHN FRASER
CITY-ST-ZIP 19 POTTERHILL AVENUE
PAISLEY, RENFREWSHIRE-PA2 -8BA

TITLE ☐ Delete
NAME P
STREET ADDRESS CARD, GEOFFREY C
CITY-ST-ZIP 477 SUMMERFIELD WAY
VENICE FL 34292

TITLE ☐ Delete
NAME VP
STREET ADDRESS WRIGHT, SAM
CITY-ST-ZIP 629 MILLSLOUGH LANE SW
SUNSET BEACH NC 28468-4234

TITLE ☐ Delete
NAME S
STREET ADDRESS WRIGHT, ELAINE
CITY-ST-ZIP 629 MILLSLOUGH LANE SW
SUNSET BEACH NC 28468-4234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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:

Elaine Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-11-01

Daytime Phone #

910-579-4441

CR2E034 (10/00)