

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90046 047 \*\*\*158.75

**DOCUMENT # F99000006447**

1. Entity Name  
**WESTERN MAINTENANCE AND MANAGEMENT, INC.**

Principal Place of Business <b>WESTERN PROPERTY MANAGEMENT          215 WEST 100 S          SALT LAKE CITY UT 84101</b>	Mailing Address <b>WESTERN PROPERTY MANAGEMENT          215 WEST 100 S          SALT LAKE CITY UT 84101</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>87-0328330</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>VALANCY, STEVEN C ESQ          JENNINGS &amp; VALANCY PA          ONE E BROWARD BLVD SUITE 1505          FT LAUDERDALE FL 33301</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	<b>CST LUNT, LARRY V</b>	<input type="checkbox"/> Delete		TITLE NAME	<b>President Philip Carroll</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>4579 WANDER LANE</b>			STREET ADDRESS	<b>89 G Street</b>		
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84117</b>			CITY-ST-ZIP	<b>Salt Lake City, UT 84103</b>		
TITLE NAME	<b>WV ADAMS, DAVID W</b>	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>2832 WOODBURY CIR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ST GEORGE UT 84770</b>			CITY-ST-ZIP			
TITLE NAME	<b>D LUNT, JOHN L</b>	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>2875 CAMILLE CIR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84124</b>			CITY-ST-ZIP			
TITLE NAME	<b>P PRINGLE, KAREN D</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>40 SOUTH 900 EAST APT 2C</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84102</b>			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)