

DOCUMENT # H34414

1. Entity Name

WESTWOOD ACRES, INC.

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90004 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4236 LAS PALMAS WAY SARASOTA FL 34238 US		Mailing Address 4236 LAS PALMAS WAY SARASOTA FL 34238 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
4. FEI Number 54-2471397		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HELFRICH, KENNETH G 4236 LAS PALMAS WAY SARASOTA FL 34238		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 <u>Kenneth G Helfrich</u> DATE <u>1/8/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DPS HELFRICH, KENNETH G. 4236 LAS PALMAS WAY SARASOTA FL 34238			
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
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Delete		Change Addition	
Delete		Change Addition	
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: <u>Kenneth G. Helfrich</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/8/01</u> Daytime Phone # <u>941-924-9891</u>	

CR2E034 (10/00)