

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91159 031 ***150.00

DOCUMENT # J19237

1. Entity Name
THE WESTERN TEPEE, INC.

Principal Place of Business
15620 MARTIN LUTHER KING BLVD
ALACHUA FL 32615
US

Mailing Address
P.O. BOX 450
BRANFORD FL 32008
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15981 NW HIGHWAY 441

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ALACHUA, FL

City & State

4. FEI Number
59-2688839

Applied For
 Not Applicable

Zip
32615

Country
USA

Zip

Country

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

JARVIS, MICHAEL
15620 MARTIN LUTHER KING BLVD
ALACHUA FL 32615

Name
JARVIS, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
15981 NW HIGHWAY 441

City
ALACHUA

FL Zip Code
32615

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
JARVIS, MICHAEL
15620 MARTIN LUTHER KING BLVD
ALACHUA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
JARVIS, MICHAEL
15981 NW HIGHWAY 441
ALACHUA, FL 32615 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVST
JARVIS, KATHERINE
15620 MARTIN LUTHER KING BLVD
ALACHUA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVST
JARVIS, KATHERINE
15981 NW HIGHWAY 441
ALACHUA, FL 32615 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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: Katherine Jarvis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 386 462 4626
 Date Daytime Phone #

CR2E034 (9/01)