

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 451340

1. Entity Name Westlake, Inc. ✓

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90030 042 ***158.75

Principal Place of Business 4007 61st St. W.
Bradenton, FL 34209

Mailing Address 1537 7th Ave. W.
Bradenton, FL 34205

2. Principal Place of Business 4007 61st St. W.
 Suite, Apt. #, etc.

3. Mailing Address 1537 7th Ave. W.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>Bradenton, FL</u>	City & State <u>Bradenton, FL</u>	4. FEI Number <u>65-0092551</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>34209</u>	Country <u>Manatee</u>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <u>FL</u> 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)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <u>Vice President</u> <input type="checkbox"/> Delete	NAME <u>William W. Swan</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>4007 61st Street West</u>	CITY-ST-ZIP <u>Bradenton FL 34209</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <u>President</u> <input type="checkbox"/> Delete	NAME <u>Larry E. Geist</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>110 Roaring Rocks Rd.</u>	CITY-ST-ZIP <u>Upper Black Eddy, PA</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William W. Swan **5/11/00** **(941) 746-8444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)