

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K56887

1. Entity Name

WESTCO PRODUCTS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90029 018 ***150.00

Principal Place of Business

Mailing Address

4336 4TH ST. NO.
 STE B
 ST. PETERSBURG FL 33703
 US

4336 4TH ST. N.
 STE B
 ST. PETERSBURG FL 33703-4727
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2924517**

Applied For
 Not Applicable

Zip

Country

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

GLEIM, HOLGER D.
 870 SAND PINE DRIVE NE
 ST PETERSBURG FL 33703

Name **Susan W. Desbrow**
 Street Address (P.O. Box Number is Not Acceptable)
4570 Overlook Dr. N.E. #179
St. Petersburg
 City **FL** Zip Code **33703**

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 **Susan Desbrow** **Susan Desbrow - President** **May 1, 2000**
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, 2000 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	V GLEIM, HOLGER D. 870 SAND PINE DRIVE NE ST PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Susan W. Desbrow 4570 Overlook Dr. N.E. #179 St. Petersburg, FL. 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GLEIM, DEANNA L 870 SAND PINE DRIVE NE ST PETERSBURG FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Susan Desbrow** **Susan Desbrow - President** **May 1, 2000** **(727) 522-5351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)