

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96940

1. Entity Name

WESTSHORE INVESTMENTS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90127 012 ***158.75

Principal Place of Business

288 BURNING TREE DRIVE
NAPLES FL 34105
US

Mailing Address

288 BURNING TREE DRIVE
NAPLES FL 34105
US

2. Principal Place of Business

2090 MORNING SUN DR
Suite, Apt. #, etc.

3. Mailing Address

2090 MORNING SUN
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number 65-0128318

Applied For

Not Applicable

Zip

34119

Country

COLLIER, USA

Zip

34119

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHBROOK, SUSAN
288 BURNING TREE DRIVE
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name SUSAN ASHBROOK

Street Address (P.O. Box Number is Not Acceptable)
2090 MORNING SUN DRIVE

City NAPLES

FL

Zip Code

34119

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 Ashbrook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/2001

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, 2001 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

TITLE D
NAME ASHBROOK, SUSAN
STREET ADDRESS 4742 SHEARWATER LN
CITY-ST-ZIP NAPLES FL 33999 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Susan Ashbrook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2001

Date

941-514-7227

Daytime Phone #

CR2E034 (10/00)