

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002841

1. Entity Name
WESTEX DESIGN CONCEPTS, LLC

FILED

01 MAY -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13925 58TH STREET N.
CLEARWATER FL 33760

Mailing Address
13925 58TH STREET N.
CLEARWATER FL 33760



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13630 58TH STREET NORTH

3. Mailing Address
13630 58TH STREET NORTH

Suite, Apt. #, etc.
SUITE #105

Suite, Apt. #, etc.
SUITE #105

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
59-3636023

Applied For
Not Applicable

Zip
33760

Country

Zip
33760

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELMUT-RADTKE, H.
13925 58TH STREET N.
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13630 58TH STREET NORTH
SUITE #105
City CLEARWATER FL Zip Code 33760

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGING MEMBER ☐ Delete
NAME H. HELMUT RADTKE
STREET ADDRESS 3901 PRESIDENTIAL DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MANAGER ☐ Delete
NAME CAROL RADTKE
STREET ADDRESS 3901 PRESIDENTIAL DRIVE
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE MANAGER ☐ Delete
NAME DENNIS W. HILL
STREET ADDRESS 1026 WYNDHAM WAY
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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NAME
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/27/01 727-531-6304