

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90167 038 \*\*\*\*\*50.00

DOCUMENT # L01000001046

1. Entity Name

C & P WESTERKAMP, L.L.C.

**DO NOT WRITE IN THIS SPACE**

**B00049563**

2. Principal Place of Business

550 North Red Street

Suite, Apt. #, etc.

Suite 302

City & State

Tampa, FL

Zip

33609

Country

USA

3. Mailing Address

550 North Red Street

Suite, Apt. #, etc.

Suite 302

City & State

Tampa, FL

Zip

33609

Country

USA

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4. FEI Number

59-3694549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JEFFREY A. DOWD, P.A.

Street Address (P.O. Box Number is Not Acceptable)

550 North Red Street, Ste 302

City

Tampa,


FL

Zip Code

33609

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



JEFFREY A. DOWD, President

3/14/02

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

President  
Peter E.C. Westerkamp  
550 N. Red St., Ste 302  
Tampa, FL 33609

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Executive Vice President  
Christina D.S. Westerkamp  
550 N. Red St., Ste 302  
Tampa, FL 33609

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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:

Christina D.S. Westerkamp

Christina D.S. Westerkamp

3/13/02 813-864-1740

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

Date

Daytime Phone

CR2E083B (12/01)