

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009458

1. Entity Name

WEST-BUSSEY LLC

Principal Place of Business

Mailing Address

2672 TUSCARORA TRAIL
MAITLAND FL 32751
US

2672 TUSCARORA TRAIL
MAITLAND FL 32751
US

2. Principal Place of Business

3. Mailing Address

600 S. Orlando Ave
Suite, Apt. #, etc. SUITE 101
City & State MAITLAND, FL

Suite, Apt. #, etc.

City & State

City & State MAITLAND, FL

Zip 32751

Country

Zip

Country

4. FEI Number

59-3727187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, PAUL S
2672 TUSCARORA TRAIL
MAITLAND FL 32751

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, PAUL S 2672 TUSCARORA TRAIL MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSSEY, WILLIAM W 2110 TERRACE BLVD. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEST, ANNE M 2672 TUSCARORA TRAIL MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUSSEY, LAMONDA 2110 TERRACE BLVD. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PAUL S. WEST
MANAGING MEMBER
7/19/02 (407) 678-9111

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

Date

Daytime Phone #

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-24-2002 90138 022 ****50.00

DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)