

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L83307 ✓

1. Entity Name

Weststar Environmental, Inc.

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90040 032 ***150.00

Principal Place of Business
P.O. Box 6003
Starke, FL 32091
US

Mailing Address
9550 Regency Sq. Blvd.
Suite 1109
Jacksonville, FL 32225
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3066915

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

Ricks, Michael
6249 Lake Drive
Starke, FL 32091

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.

SIGNATURE

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	Secretary <input type="checkbox"/> Delete
NAME	Ricks, James D.
STREET ADDRESS	9550 Regency Sq Blvd 1109
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	CEO/President <input type="checkbox"/> Delete
NAME	Ricks, Mike
STREET ADDRESS	9550 Regency Sq Blvd 1109
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Executive V. President <input type="checkbox"/> Delete
NAME	Gray, William
STREET ADDRESS	9550 Regency Sq Blvd 1109
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Director <input type="checkbox"/> Delete
NAME	Carter, Keith
STREET ADDRESS	9550 Regency Square Blvd 1109
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Director <input type="checkbox"/> Delete
NAME	Fey, Thomas F.
STREET ADDRESS	9550 Regency Square Blvd 1109
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Director <input type="checkbox"/> Delete
NAME	Posor, John S.
STREET ADDRESS	9550 Regency Square Blvd 1109
CITY-ST-ZIP	Jacksonville, FL 32225

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Michael E. Ricks Michael E. Ricks

5/31/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)