

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N15769

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: PARK WEST CORPORATION

## Current Principal Place of Business:

1021 N NEW YORK AVE  
WINER PARK, FL 32789 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 470  
WINTER PARK, FL 32790 US

## New Mailing Address:

FEI Number: 59-2795623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COWART, JR F O  
420 CORNWALL RD  
WINTER PARK, FL 32792 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: C/D ( ) Delete  
Name: MITCHELL, J H MR  
Address: 2201 DELORAINE TR  
City-St-Zip: MAITLAND, FL 32751 US

Title: D ( ) Delete  
Name: KIRKWOOD, JIM  
Address: 6032 TWIN LAKES DR  
City-St-Zip: OVIEDO, FL 32765

Title: V/D ( ) Delete  
Name: ROBINSON, TRACY MRS  
Address: 851 NORTH JERICO DRIVE  
City-St-Zip: CASSELBERRY, FL 327074528 US

Title: D ( ) Delete  
Name: REYNOLDS, SIDNEY J MR  
Address: 2600 VIRGINIA DR  
City-St-Zip: ORLANDO, FL 32803 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/D (X) Change ( ) Addition  
Name: COLLEY, CARLTON E MR  
Address: 2923 SUMMERFIELD RD  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V/D (X) Change ( ) Addition  
Name: KIRKWOOD, JIM  
Address: 6032 TWIN LAKES DR  
City-St-Zip: OVIEDO, FL 32765 US

Title: C/D (X) Change ( ) Addition  
Name: ROBINSON, TRACY MRS  
Address: 851 NORTH JERICO DRIVE  
City-St-Zip: CASSELBERRY, FL 327074528 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: TWIDDY, DAVID MR  
Address: 6004 TWIN LAKES LN  
City-St-Zip: OVIEDO, FL 327658514 US

Title: D ( ) Change (X) Addition  
Name: MCNEAL, HERB MR  
Address: 520 S. LAKEMONT AVE  
City-St-Zip: WINTER PARK, FL 32792 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MRS. TRACY ROBINSON

C/D

05/01/2002

Electronic Signature of Signing Officer or Director

Date

WADSAGER, HERB MR (D)  
318 BARCLAY AVE.  
ALTAMONTE SPRINGS, FL 32701