

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24459

1. Entity Name

WEST SEVENTEEN MAINTENANCE CORPORATION, INC.

Principal Place of Business

DAVID HELMS

C/O ARTHUR J. GREEN

7610 NW 72 WAY

TAMARAC FL 33321

Mailing Address

DAVID HELMS

C/O ARTHUR J. GREEN

7610 NW 72 WAY

TAMARAC FL 33321-5163

2. Principal Place of Business

7213 NW 76 PL

3. Mailing Address

7213 N.W. 76 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

BROWARD

Zip

33321

Country

BROWARD

6. Name and Address of Current Registered Agent

ZIPSTEIN, HYMAN

7610 NW 72 WAY

TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

DAVID HELMS

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

7213 N.W. 76 PL

City

TAMARAC

FL

Zip Code

33321

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

*David Helms*  
DAVID HELMS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-00

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZIPSTEIN, HYMAN	
STREET ADDRESS	7610 NW 72ND WAY	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEIZENECKER, JEAN M	
STREET ADDRESS	7618 NW 71ST AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TSO	<input type="checkbox"/> Delete
NAME	BICKOFF, NORMA	
STREET ADDRESS	7202 NW 76TH DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HELMS, DAVID	
STREET ADDRESS	7213 NW 76 PL	
CITY-ST-ZIP	TAMARAC FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, SIDNEY	
STREET ADDRESS	7613 NW 73RD AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JEAN M. WEIZENECKER*  
JEAN M. WEIZENECKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90072 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)