

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000017353**1. Entity Name
WEST BACK HOE SERVICE, INC.

Principal Place of Business

8550 ADERWOOD CT.

JACKSONVILLE
32244

FL

Mailing Address

8550 ADERWOOD CT.

JACKSONVILLE
32244

FL

2. Principal Place of Business
8550 ALDERWOOD CT.3. Mailing Address
8550 ALDERWOOD CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE
FLCity & State
JACKSONVILLE
FL4. FEI Number
59-3626203Applied For
Not ApplicableZip
32244

Country

Zip
32244

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

WEST WALLACE O
8550 ADERWOOD CT.JACKSONVILLE
32244

FL

7. Name and Address of New Registered Agent

Name

WEST WALLACE ODP

Street Address (P.O. Box Number is Not Acceptable)
8550 ALDERWOOD CT.City
JACKSONVILLE

FL

Zip Code
32244

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 **WALLACE O. WEST, JR.****04/26/2001**

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, 2001 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

TITLE VTS ☐ Delete
NAME WEST LISA K
STREET ADDRESS 8550 ADERWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE DP ☐ Delete
NAME WEST WALLACE O
STREET ADDRESS 8550 ADERWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VTS ☒ Change ☐ Addition
NAME WEST LISA K
STREET ADDRESS 8550 ALDERWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE DP ☒ Change ☐ Addition
NAME WEST WALLACE O
STREET ADDRESS 8550 ALDERWOOD CT.
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Wallace O. West, Jr.**

DP

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)