

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90119 013 ***150.00

DOCUMENT # P00000026605

1. Entity Name
 DOLLAR WEST, INC.

Principal Place of Business **Mailing Address**

2. Principal Place of Business - 891 Woodlands Dr.
3. Mailing Address 891 Woodlands Dr.

Suite, Apt. #, etc.

City & State Port St. Lucie, FL **City & State** Port St. Lucie, FL

Zip 34952 **Country** **Zip** 34952 **Country**

4. FEI Number 65-0994858 **Applied For**
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Florida Incorporators, Inc.
 Brickell Avenue, Suite 900
 Miami, FL 33131

7. Name and Address of New Registered Agent

Name Mark Holmes
Street Address (P.O. Box Number is Not Acceptable) 891 Woodlands Dr.
City Port St. Lucie **FL** **Zip** 34952

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 4/19/2001

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	PD	<input type="checkbox"/> Delete
NAME	Holmes, Mark	
STREET ADDRESS	891 Woodlands Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	Holmes, Diane	
STREET ADDRESS	891 Woodlands Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Holmes, Mark Jr.	
STREET ADDRESS	891 Woodlands Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	Filippelli, Doloras	
STREET ADDRESS	891 Woodlands Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holmes, Scott	
STREET ADDRESS	891 Woodlands Dr.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
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 another like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/19/2001

DAYTIME PHONE # 361-466-4334

CR2E034 (11/00)