

2001 UNIFORM BUSINESS REPORT (UBR)

1/18/01-

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-18-2001 90009 047 ***150.00

DOCUMENT # P00000050399

1. Entity Name

WEST MAIN STREET, INC.

Principal Place of Business

428 KINGS WAY
NAPLES FL 34104

Mailing Address

428 KINGS WAY
NAPLES FL 34104

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

593648037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BREEN, DOROTHY M
3838 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	WHITE, ARNOLD P	
STREET ADDRESS	428 KINGS WAY	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, CHERYL L	
STREET ADDRESS	1 WEST SHORE DR.	
CITY-ST-ZIP	OLD SAYBROOK CT 06475	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, RICHARD W JR.	
STREET ADDRESS	1 WEST SHORE DR.	
CITY-ST-ZIP	OLD SAYBROOK CT 06475	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, THOMAS A	
STREET ADDRESS	13 HOLMES RD.	
CITY-ST-ZIP	OAKDALE CT 06370	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, MICHAEL P	
STREET ADDRESS	15 SUNSET RD.	
CITY-ST-ZIP	OLD SAYBROOK CT 06475	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOUT, RICHARD W III	
STREET ADDRESS	100 NECK RD.	
CITY-ST-ZIP	OLD LYME CT 06371	

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 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:

ARNOLD P. WHITE
Arnold P. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 (941)6432740

Date

Daytime Phone #

CR2034 (10/00)