## **FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am

DOCUMENT # P000000 61283
OLDWESTOWN, Inc.

1. Entity Name  OLDWESTOWN, Inc.					I .	y of State 427 011 ***150.00	
	DO NOT WRITE	IN THIS SI	PACE				
	Place of Business SunKiSE DK at F, etc.	IRISE DR SAME			DO NOT WRITE IN THE	S SPACE	
	ierce FL	City & State	City & State		4. FEI Number 65-1024266	Applied For Not Applicable	
349°	Country Country	Zip	Country		Certificate of Status Desired	\$8.75 Additional	
			3883 L		7. Name and Address of Current Register	ed Agent	
	DOMOTIM	The Table Sept.	J4000	Hame Ric	Key L Farrell		
	DO NOT W	وَالْمُوالِمُ وَالْمُولِينَ مِنْ أَنْ مِنْ الْمُعِينَّةِ فِي الْمُعَالِّينَ وَالْمُولِينِ مِنْ الْمُعِينِّةِ ف		treet Address (I	P.O. Box Number is Not Acceptable)		
	IN THIS SP	ACE		13-15	-7E-Force St-Educies	Blud.	
				ity i c		I Zin Code	
8. The above	e named entity submits this statement for	the purpose of shandler ha		PORT S	t Lucie Fi	L 39952	
		the burbose of changing its i	registered c	once or register	ed agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agont a	nd tale if applicable. (NOTE:	: Registered Age	ent algneture required	whan reinstating) DATE		
Tax filing	noration is eligible to satisfy its Intangible requirement and elects to do so.	After May After May Attached Make Chart Payab	i Paris	580,00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May 8e Added to Fees	
11.	OFFICERS AND I		Night Street	CHARGE SE			
TITLE	D		trite	35.			
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NAME CERTAL ADDOCCE			NAME				
STREET ADDRESS CITY-51-ZIP			STREET ADD	reserved from the configuration of			
<u>-</u>	prify that the information cumuliard with the	to Ethan I and a said	CITY-ST-ZI				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florkla 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 attachment with an address, with all other like empowered.

SIGNATURE: _	Coul Crouch  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNEG O	CAROL CROUCH	4-29-02	561-465-7470
			Date	Daysima Phone #