

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074824

1. Entity Name

PAUL STANLEY WEST, P.A.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90396 048 ***150.00

Principal Place of Business

Mailing Address

~~407 LAKE HOWELL ROAD SUITE 100~~
~~MAITLAND FL 32751~~

~~407 LAKE HOWELL ROAD SUITE 100~~
~~MAITLAND FL 32751~~

2. Principal Place of Business

2672 Tuscarora Trail

Suite, Apt. #, etc.

City & State
Maitland, FL 32751

Zip

Country
USA

3. Mailing Address

2672 Tuscarora Trail

Suite, Apt. #, etc.

City & State
Maitland, FL 32751

Zip

Country
USA

4. FEI Number

59-3669220

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

7. Name and Address of New Registered Agent

WEST, PAUL STANLEY
2672 TUSCARORA TRAIL
MAITLAND FL 32751-5145

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 reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
WEST, PAUL STANLEY
2672 TUSCARORA TRAIL
MAITLAND FL 32751-5145 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

President 4/30/01 (407)
678-9111

CR2E034 (10/00)