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2002 UNIFORM BUSINESS REPORT (UBR)

Jun 30, 2002 8:00 am **DOCUMENT #** P00000081940 **Secretary of State** 1. Entity Name 06-30-2002 90228 032 ***550.00 WESTERN SERVICES, INC. Principal Place of Business Mailing Address 12871 152ND ST N 12871 152ND ST N JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address 2871 2871 153 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number · Applied For 65-1035128 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent erese Jensey JENSEN, THERESE Street Address (P.O. Box Number is Not Acceptable) 12871 152ND ST N JUPITER FL 33478 22 12871 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition JENSEN, CARL NAME NAME STREET ADDRESS 12871 152ND ST N STREET ADDRESS CR2E034 CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

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 pr trustee empowered by 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 attachr

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

☐ Delete

☐ Change

☐ Addition