

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90149 042 ***150.00

DOCUMENT # P00000113406

1. Entity Name
ALICO WEST, INC.



Principal Place of Business
**2121 MCGREGOR BOULEVARD
FORT MYERS FL 33901**

Mailing Address
**2121 MCGREGOR BOULEVARD
FORT MYERS FL 33901**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
15465 Pine Ridge Road
Suite, Apt. #, etc.

3. Mailing Address
15465 Pine Ridge Road
Suite, Apt. #, etc.

City & State
Ft Myers, Fl

City & State
Ft Myers, Fl

4. FEI Number **65-1069833**

Applied For
Not Applicable

Zip Country
33908 Lee

Zip Country
33908 Lee

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

6. Name and Address of Current Registered Agent

**CONSOOR, JR, GEORGE L
1625 HENDRY STREET
SUITE 301
FORT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **D YOUNGQUIST, TIMOTHY G** ☐ Delete
STREET ADDRESS **15465 PINE RIDGE RD.**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE
NAME **D YOUNGQUIST, HARVEY B** ☐ Delete
STREET ADDRESS **15465 PINE RIDGE RD.**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

(239) 489-4444

Daytime Phone #

CR2E034 (10/02)