

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90059 038 \*\*\*150.00

0018917 AV

**DOCUMENT # P01000009101**

1. Entity Name  
**TWO WEST, INC.**



Principal Place of Business  
**408 WINCHESTER ROAD  
SATELLITE BEACH FL 32937**

Mailing Address  
**408 WINCHESTER ROAD  
SATELLITE BEACH FL 32937**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3695593**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, LYNNE ANN  
408 WINCHESTER ROAD  
SATELLITE BEACH FL 32937**

Name

*W/ff*

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 \$550.00**

**After September 10, 2003, Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D WEST, LYNNE ANN  
408 WINCHESTER ROAD  
SATELLITE BEACH FL 32937** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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

*9-05-03*  
Date

*321-779-8672*  
Daytime Phone #

CR2E034 (4/03)

Attachment

**Two West, Inc.**



801416113  
#P01000009101

September 5, 2003

Division of Corporations  
Uniform Business Report Filings  
409 East Gaines Street  
Tallahassee, FL 32399

Via overnight mail

To whom it may concern;

Enclosed please find my UBR Filing. Please note that I sent in this same form and payment on April 2, 2003 (check #2280). I have checked with the bank and that check has still not cleared my account.

I spoke with someone in your office earlier today and they recommended that I re-send this form along with \$150 and a note explaining the circumstances and asking for consideration to excuse the late fee of \$400 since my original payment was made on time.

I appreciate your time in looking into this matter and will forward any additional fees that I owe if this is not acceptable.

Thank you

*Lynne A. West*

Lynne A. West  
Two West, Inc.

Document #: P01000009101  
FEI #: 59-3695593

**Two West Inc.  
408 Winchester Road  
Satellite Beach, FL 32937  
321-779-8672**