

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-17-2003 90062 044 ***150.00

1/1

DOCUMENT # P01000019272

1. Entity Name

WESTER GROUP, INC.



Principal Place of Business

**4044 LONGWOOD CIRCLE
GULF BREEZE FL 32561**

Mailing Address

**4044 LONGWOOD CIRCLE
GULF BREEZE FL 32561**

2. Principal Place of Business

**DESTIN
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 1527
Suite, Apt. #, etc.**

City & State

Florida

City & State

Dest. Fla

Zip
32541

Country
USA

Zip
32541

Country
USA

4. FEI Number

59-3702346

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WESTER, ROBERT

**4044 LONGWOOD CIRCLE
GULF BREEZE FL 32561**

**P.O. Box 1527
Dest. Fla 32541**

Name

**WESTER, ROBERT
3861 Indian Trail #104**

City

DESTIN

FL

Zip Code
32541

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
STREET ADDRESS
CITY-ST-ZIP
**P
WESTON-ROBERT M
4044 LONGWOOD CIR
GULF BREEZE FL 32563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WESTER, ROBERT M
3861 Indian Trail #104
DESTIN-FLA 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

1/14/03
Robert M. Wester
President
850 837 6138

Date Daytime Phone #

CR2E034 (10/02)