2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2673 CASCADE CT

P01000049650 **DOCUMENT #**

1. Entity Name

Principal Place of Business

2673 CASCADE CT

WST-TECHNOLOGIES, INC.



04-15-2003 90094 028 ***150.00

FILED								
Apr 15, 2003 8:00 am								
Secretary of State								
•								

☐ CHECK HERE IF MAKING CHA	NGES							
FEI Number 59-3718903	Applied For Not Applicable							
Certificate of Status Desired								
Name and Address of New Registered Agent								
Box Number is Not Acceptable)								
FL ²	ip Code							
ent, or both, in the State of Florida. I am familia	r with, and accept							
einstating) DATE								
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees							
DITIONS/CHANGES TO OFFICERS AND DIRE								
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CLEARWATER	FL 33761		CLEA	ARWATER FL 33761								
2. Principal P	lace of Busin	ess	3. Ma	iling Address	Address							
Suite, Apt.	#, etc.		Suit	te, Apt. #, etc.		. <u> </u>		CHECK HERE IF MAKING CHANGES				
City & State	e	City & State			4. 1	4. FEI Number 59-3718903 Applied For Not Applicab						
Zip		Country	Zip		Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Cu	rrent Register	ed Agent			7. 1	Name and Address of New F	egistered /	Agent		
WERNER.	SIANGLE	STAN	4E	A	<u>.</u>	Name						
2673 CAS			/ω.	DV (Street Addr	ess (P.O. B	Box Number is Not Acceptable	9)			
	TER FL 33	761				L- <u>-</u>						
		*				City			FL	Zip Code		
8. The above the obligat	named entity ions of regist	submits this statemered agent.	nent for the purp	oose of changing its	registere	ed office or reg	gistered ag	ent, or both, in the State of Flo	orida. I am t	familiar with, a	and accept	
SIGNATURE .	Signature, typed	or printed name of registere	d agent and title if app	olicable. (NOTE	: Registere	d Agent signature re	equired when re	einstating)	DATE		{	
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Áfter	May 1, 200	! FEE IS \$150.0 3 Fee will be \$55	0.00					Election Campaign Fir Trust Fund Contribution	~ ~		May Be to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.						THE TO SEE TO SEE		OUDEO±000				
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VILL-OF AIF	L				Ont	01-4"						

12. I hereby certify that the information supplied with this filling 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: 2

04-10-2003 727-641-8917
Date Daytime Phone #