

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90276 014 ***550.00

DOCUMENT # **P01000071327**

1. Entity Name

WEST SYSTEM COMPANY

Principal Place of Business

**7345 SAND LAKE RD.
 STE. 204
 ORLANDO FL. 32819**

Mailing Address

**7345 SAND LAKE RD.
 STE. 204
 ORLANDO FL. 32819**

2. Principal Place of Business

7345 SAND LAKE RD.

Suite, Apt. #, etc.

204

City & State

ORLANDO FL.

Zip

32819

Country

N/A

3. Mailing Address

7345 SAND LAKE RD.

Suite, Apt. #, etc.

204

City & State

ORLANDO FL.

Zip

32819

Country

N/A

4. FEI Number

59-3731803

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUBEN D. TORO
 7345 SAND LAKE RD.
 STE. 204
 ORLANDO FL. 32819**

7. Name and Address of Non-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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-appointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D-P-S-**
 NAME **JANDERSON MOREIRA**
 STREET ADDRESS **7345 SAND LAKE RD STE. 204**
 CITY-ST-ZIP **ORLANDO FL. 32819**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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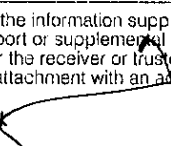
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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 or trustee empowered to 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 attachment with an address, with all other like empowered.

SIGNATURE: 

07/31/02

(407) 370-6445