

P02000010745

Marcia Lambrecht  
9359 Blind Pass Rd. Apt. 103  
Saint Petersburg, FL 33706

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

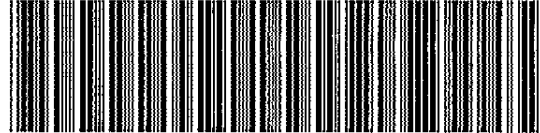
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500020560475

06/26/03--01041--020 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2003 JUN 25 AM 10:40

R.A. Charge

LFJ

6-23-2003



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 18, 2003

Marcia Lambrecht  
9359 Blind Pass Road, Apt. 103  
St. Petersburg, FL 33706

SUBJECT: WEST STAR SALES & LEASING, INC.  
Ref. Number: P02000010745

We have received your document for WEST STAR SALES & LEASING, INC.. However, the document has not been filed and is being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6910.

Louise Flemming-Jackson  
Document Specialist Supervisor

Letter Number: 803A00037626

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : WEST STAR SALES & LEASING
2. The mailing address of the corporation : 9359 BLIND PASS RD # 103  
ST. PETER BEACH, FL 33706
3. Date of incorporation/qualification: FEB /02 Document number: PO 2000010745
4. The name and address of the current registered agent and registered office:

TAMMY GREEN  
7804 128th Street N.  
SEMINOLE FL. 33776

5. The name and address of the new registered agent (if changed) and /or registered office (if changed) (P.O. Box NOT Acceptable)

MARCIA LAMBRECHT  
9359 BLIND PASS RD # 103  
ST. PETER BEACH, FL 33706

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

6-21-03  
(Date)

A. DOUGLAS AHERTON PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Marcia Lambrecht  
(Signature of Registered Agent)

6-21-03  
(Date)

If signing on behalf of an entity:

Marcia Lambrecht  
(Typed or Printed Name)

Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

FILED  
2003 JUN 25 AM 10:41  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS