2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/1

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

02-10-2003 90454 024 ***150.00

1. Entity Nam		0065653 West florida, INC	:				
Principal Place of Business 3207 SW 6TH ST LEHIGH ACRES FL 33971		Mailing Address 3207 SW 6TH ST LEHIGH ACRES FL 33971					
2. Principal Place of Business		3. Mailing Address			4 LOOTINGOLETT BONIN (1001) ABINL DAVIL DAVIL BALL	IS SYLDI BILITO BILIST :	Bilhe M(I coel
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 74-3047151	No	oplied For ot Applicable	
Zip	Country	Zip	Country	ه منيار حد دينسيور	5. Certificate of Status Desired		
	6. Name and Address of Curren	t Registered Agent		•	7. Name and Address of New Registers	d Agent	
				Name			
CHRISTY, CHRISTIAN S 3207 SW 6TH ST				Street Address (P.O. Box Number is Not Acceptable)			
LEHIGH A	CRES FL 33971						į
<u> </u>				City FL Zip Code			
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s registered	office or register	red agent, or both, in the State of Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	it and title if applicable. (NO)	TE: Registered A	gent signatura required	I when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
F	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of				Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	PSD CHRISTY, CHRISTIAN S 3207 SW 6TH ST LEHIGH ACRES FL 33971	☐ Delete	TITLE NAME STREET	ADDRESS		☐ Change	ORZE034 (10/02)
CITY-ST-ZIP TITLE NAME	VT PERKINS, MICHAEL	☐ Deleta	TITLE NAME			☐ Change	Addition 28
STREET ADDRESS CITY-S1-ZIP	3207 SW 6TH ST LEHIGH ACRES FL 33971		CITY-ST	ADDRESS I-ZIP		 	
TITLE		☐ Delete	TITLE		The state of the s	☐ Change	☐ Addition
NAME STREET ADDRESS			"NAME" STREET	ADDRESS			
CITY-ST-ZIP			CITY-S1	r- ZIP			
TITLE NAME		☐ Delete	TITLE NAME]		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	,		STREET : City-St	ADORESS			
TITLE		☐ Oelete	TITLE			Change	Addition
NAME		- Delete	NAME				
STREET ADDRESS			STREET A	ADORESS 1-ZIP	V.		
TITLE		☐ Delete	TITLE	•		☐ Change	Addition
NAME		- 5000	NAME				_
STREET ADDRESS				ADIDRESS			
CITY-ST-ZIP			CITY-ST	<u> </u>		· · · · ·	
12. I hereby o	certify that the information supplied will	th this filing does not qualify to	or the exemp	otion stated in Se	ection 119.07(3)(i), Florida Statutes, I further of same lengt effect as if made under eath; that	ertify that the in	nformation 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.