

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-28-2003 90269 048 ***150.00

DOCUMENT # P02000068494

1. Entity Name
WESTEX DESIGN CONCEPTS OF FLORIDA, INC.



Principal Place of Business
**13630 58TH ST. NORTH, STE. 105
CLEARWATER FL 33780**

Mailing Address
**13630 58TH ST. NORTH, STE. 105
CLEARWATER FL 33780**

2. Principal Place of Business
**14175 ICOT BLVD
SUITE 300**

3. Mailing Address
**14175 ICOT BLVD
SUITE 300**

City & State
CLEARWATER, FL
Zip
33760 Country
AINELLAS

City & State
CLEARWATER, FL
Zip
33760 Country
AINELLAS

4. FEI Number
82-0553389

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUSIAL, A.J. JR.
ONE URBAN CENTRE, STE. 750
4830 W. KENNEDY BLVD.
TAMPA FL 33609**

Name
1411 W. FLETCHER AVE.
City
TAMPA FL Zip Code
33613

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
**PD
RADTKE, H. HELMUT
13630 58TH ST. NORTH, STE. 105
CLEARWATER FL 33780** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RADTKE, CAROL
13630 58TH ST. NORTH, STE. 105
CLEARWATER FL 33780** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14175 ICOT BLVD SUITE 300 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14175 ICOT BLVD. SUITE 300 ☒ Change ☐ Addition

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

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

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

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

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, H-H. RADTKE, PRES, 2/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

127-631-6894

CR2034 (10/02)