

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

05-20-2003 90069 016 \*\*\*408.75  
07-14-2003 90342 023 \*\*\*150.00

**DOCUMENT # P02000133246**

1. Entity Name  
**THE WEST AND WEST GROUP INC.**



Principal Place of Business  
**8942 ELIZABETH FALLS DRIVE  
JACKSONVILLE FL 32257**

Mailing Address  
**8942 ELIZABETH FALLS DRIVE  
JACKSONVILLE FL 32257**

**55052135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2315415**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Marvin West**

Street Address (P.O. Box Number is Not Acceptable)  
**8942 Elizabeth Falls Drive**

City **Jacksonville**

FL

Zip Code **32257**

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

*Mar West*

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

(NOTE: Registered Agent signature required when reinstating)

**7/10/03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete  
NAME **WEST, SYLEAN S**  
STREET ADDRESS **8942 ELIZABETH FALLS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **PS** ☐ Delete  
NAME **WEST, SYLEAN S**  
STREET ADDRESS **8942 ELIZABETH FALLS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DCOO** ☐ Delete  
NAME **WEST, MARVIN SR**  
STREET ADDRESS **8942 ELIZABETH FALLS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VT** ☐ Delete  
NAME **WEST, MARVIN SR**  
STREET ADDRESS **8942 ELIZABETH FALLS DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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

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:

*Sylean West*  
**Sylean West**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/10/03**

DATE

**904-730-3160**

DAYTIME PHONE #

CR2E034 (4/03)