FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2008 8:00 am
Secretary of State
05-08-2008 90026 009 ***150.00

DOCUMENT # P06000126482

1. Entity Name

WESTER CONSULTING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

40099892

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6685 FOREST HILL BLVD. STE 210	6685 FOREST HILL BLVD. STE 210
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENACRES FL	City & State: GREENACRES FL
Zip: 33413 Country:	Zip: 33413 Country:

4. FEI Number: 205652991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WESTER, ROBERT, B, III
Street Address (P.O. Box Number is Not Acceptable): 6685 FOREST HILL BLVD.
SUITE 210
City: GREENACRES FL Zip Code: 33413

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 ______________________ 4/30/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1; Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	WESTER, ROBERT, B, III	NAME	
STREET ADDRESS	6685 FOREST HILL BLVD. SUITE 210	STREET ADDRESS	
CITY - ST - ZIP	GREENACRES, FL 33413	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4/30/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1