

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91338 047 ***150.00

DOCUMENT # P93000060285

1. Entity Name
44 WEST, INC.



Principal Place of Business
**1100 W MAIN ST
INVERNESS FL 34450
US**

Mailing Address
**1100 W MAIN ST
INVERNESS FL 34450
US**

2. Principal Place of Business

1120 W. MAIN ST.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 700
Suite, Apt. #, etc.

City & State
INVERNESS, FL.

Zip Country
34450 USA

City & State
INVERNESS FL

Zip Country
34451 USA

4. FEI Number **59-3210529**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, ERVIN E
1100 W MAIN ST
INVERNESS FL 34452**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1601 S. RIDGEWOOD PT.
City **INVERNESS FL** Zip Code **34452**

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 _____ (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	STD	<input type="checkbox"/> Delete
NAME	DAVIS, ERVIN E	
STREET ADDRESS	1100 W MAIN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELCH, RICHARD K	
STREET ADDRESS	1120 W MAIN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCKETTRICK, LORI	
STREET ADDRESS	1120 W MAIN ST	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERVIN E. DAVIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 352 726 6284
Date Daytime Phone #

CR2E034 (10/02)