

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000009811

1. Entity Name

L. AND A. WEST CONCRETE, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90086 028 ***150.00

Principal Place of Business

1329 25TH ST.
ORLANDO FL 32805

Mailing Address

PO BOX 561111
ORLANDO FL 32856-1111
US

2. Principal Place of Business

14180 Weymouth Run
Suite, Apt. #, etc.

3. Mailing Address

14180 Weymouth Run
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FLA
Zip
32828
Country
U.S.A.

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ORLANDO FLA
Zip
32828
Country
U.S.A.

4. FEI Number 59-3299218
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEST, HAROLD L
1329 25TH ST.
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name
WILLIAM H. WEST
Street Address (P.O. Box Number is Not Acceptable)
14180 Weymouth Run
City ORLANDO FL Zip Code 32828

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 William H. West WILLIAM H. WEST 4-17-00
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P WEST, HAROLD L 1329 25TH ST. ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEST, WILLIAM H 1329 25TH ST. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WEST, CAROL A 1329 25TH ST. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM H. WEST 14180 Weymouth Run ORLANDO FLA 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P S/T WEST, CAROL A 14180 Weymouth Run ORLANDO FLA 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 407 306-0022

CR2E034 (9/99)