

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052839

1. Entity Name

WEST INFUSION, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90028 009 \*\*\*150.00

Principal Place of Business

Mailing Address

311 ALTAMONTE COMMERCE  
SUITE 1802  
ALTAMONTE SPRINGS FL 32714  
US

89015 OVERSEAS HIGHWAY  
SUITE 3  
TAVERNIER FL 33070-9720

2. Principal Place of Business

3. Mailing Address

P O Box 9720

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Tavernier, FL

4. FEI Number

65-0594472

Applied For

Not Applicable

Zip

Country

Zip

33070-9720

Country

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

WEST, CLEVELAND D  
89015 OVERSEAS HIGHWAY  
SUITE 3  
TAVERNIER FL 33070

Name

Street Address (P.O. Box Number is Not Acceptable)

87899 Overseas Highway

City

Islamorada

FL

Zip Code  
33036

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

*Cathy Battreall*

4/4/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
NAME MOWBRAY, JOHN D.  
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3  
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ Change ☐ Addition  
NAME 87899 Overseas Highway  
STREET ADDRESS Islamorada FL 33036  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME BATTREALL, CATHY C.  
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3  
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ Change ☐ Addition  
NAME 87899 Overseas Highway  
STREET ADDRESS Islamorada, FL 33036  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME WEST, CLEVELAND D.  
STREET ADDRESS 89015 OVERSEAS HWY SUITE 3  
CITY-ST-ZIP TAVERNIER FL

TITLE ☒ Change ☐ Addition  
NAME 87899 Overseas Highway  
STREET ADDRESS Islamorada, FL 33036  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

*Cathy Battreall*

4/4/00

(305) 852 4393

Date

Daytime Phone #

CR2E034 (9/99)