2002 Uniform Business Report (UBR)

SIGNATURE: 4

DOCUMENT # P9500096175 1. Entity Name FLORIDA WEST PROPERTIES, INC.						Apr 08, 2002 8:00 am Secretary of State 04-08-2002 90231 001 ***158.75				
Principal Place of Business Mailing Address 2430 LISENBY PANAMA CITY FL 32405 US US										
Suite, Apt. #, etc. Suite, Apt. #, etc.				f Lan	و	DO NOT WRITE IN THIS SPACE				
Pana Zip 324	ma City, FL	City & State Panama Zip 32405	City	, FL SA		FEI Number 59-3364 Certificate of Status Desir	ed \$8			
LINDSEY, WAYNE G . Street Address (III PANAMA CITY FL 32405						Mc Kenzie Avenue				
8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
Tax filing (See crite	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 200 Make Check Payab	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State							
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DII PD LINDSEY, GEORGE M 2430 LISENBY AVE PANAMA CITY FL 32405	RECTORS Delete	12. TITLE NAME STREET /			Hunt Cli	<u>b</u>	Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD LINDSEY, WAYNE G (ASST) 2430 LISENBY AVE PANAMA CITY FL 32405	□ Delete	TITLE NAME STREET A	ADDRESS 2	55 T	Hunt Cli Ima Citu	_	Change e 240	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FLOYD, HOWARD H 2430 Lisenby Ave Panama City Fl 32405	☐ Delete	TITLE NAME STREET A			Hunt Cli	ff Lan	Change <u>2</u> 324	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST	DDRESS			. , c	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-					Change	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										