

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2000 8:00 am
Secretary of State

07-05-2000 90485 001 ***100.00
 07-05-2000 90485 002 ****50.00

18061

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P96000055447*

1. Entity Name

ASHBROOK & WEST GENERAL CONTRACTORS, INC.

Principal Place of Business

*4536 31ST AVE S.W.
 NAPLES, FL 34116-8224*

Mailing Address

*P.O. BOX 488
 NAPLES, FL 34102*

2. Principal Place of Business

3. Mailing Address

P.O. BOX 488

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*City & State
 NAPLES FL*

4. FEI Number

52-2113010

Applied For

Not Applicable

Zip

Country

Zip

Country

34106

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*ASHBROOK, ALLAN SCOTT
 4536 31ST AVE. S.W.
 NAPLES FL 34116*

Name

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

City

FL

Zip Code

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

Allan Scott Ashbrook

Allan Scott Ashbrook

4/27/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *PRESIDENT* ☐ Delete
 NAME *ALLAN SCOTT ASHBROOK*
 STREET ADDRESS *4536 31ST AVE S.W.*
 CITY-ST-ZIP *NAPLES, FL 34116*

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

TITLE *VICE PRESIDENT* ☐ Delete
 NAME *STEVEN WEST*
 STREET ADDRESS *438 ADTHER POINT COURT*
 CITY-ST-ZIP *NAPLES FL 34103*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

S. West

STEVEN A. WEST

4/26/2000 941-649-4581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #