

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000055447**1. Entity Name
ASHBROOK & WEST GENERAL CONTRACTORS, INC.Principal Place of Business
4536 31ST AVENUE, S.W.
NAPLES FL 341168224 USMailing Address
PO BOX 488
NAPLES FL 34102 US

2. Principal Place of Business

3. Mailing Address
1835 KINGFISH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
NAPLES FL4. FEI Number
52-2113010Applied For
Not Applicable

Zip Country

Zip Country
34102 US5. 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

ASHBROOK ALLAN SCOTT
4536 31ST AVENUE, S.W.

NAPLES FL 33999 US

Name
WEST STEVEN
Street Address (P.O. Box Number is Not Acceptable)
1835 KINGFISH RD.City
NAPLES FL Zip Code
34102

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 **STEVEN WEST**

04/27/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 VP ☐ Delete
NAME WEST STEVEN A
STREET ADDRESS 438 PUTTER POINT CT
CITY-ST-ZIP NAPLES FL 34102TITLE VP ☒ Change ☐ Addition
NAME WEST STEVEN A
STREET ADDRESS 1835 KINGFISH RD.
CITY-ST-ZIP NAPLES FL 34102TITLE PTD ☐ Delete
NAME ASHBROOK ALLAN SCOTT
STREET ADDRESS 4536 31ST AVENUE, S.W.
CITY-ST-ZIP NAPLES FL 33999TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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: **Steven West**

VP

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)