

2001 UNIFORM BUSINESS REPORT (UBR)

0382385

DOCUMENT # P96000092647

1. Entity Name

WESTERN INFORMATION MANAGEMENT, INC.

Principal Place of Business

2525 FOWLER ST.
FT. MYERS FL 33901

Mailing Address

2525 FOWLER ST.
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0708586

Applied For

Not Applicable

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

QUINN, THOMAS
5235 WILLOW CT.
CAPE CORAL FL 33904

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

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 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 Y ☐ Delete
NAME QUINN, THOMAS
STREET ADDRESS 5235 WILLOW CT.
CITY-ST-ZIP CAPE CORAL FL 33904

☐ Change ☐ Addition
000004659760--5
-10/30/01--01088--016
****150.00 ****150.00

TITLE VP ☐ Delete
NAME QUINN, PATRICK
STREET ADDRESS 2508 NOVATO PLACE
CITY-ST-ZIP PALOS VERDES ESTATES CA 90274

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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 #

FILED
01 OCT 15 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

941-334-7776

AAMCO TRANSMISSIONS

2525 FOWLER STREET
FORT MYERS, FL. 33901
941-334-7776

October 10, 2001

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

Dear Ladies or Gentlemen

This letter is in response to my Annual Report being filed late. We are a small business employing 4 to 5 people including myself. Back in April I did experience some heart problems and had to have a heart catheterization upon which it was determined that I had three arteries that were blocked for which I am being treated for. If needed I can get you all the needed documentation on the above procedure. I do understand that the forms should have been filed on time but due to my health problems there were some things that fell through the cracks for that I apologize. At this point it would be a hardship for me to pay the \$750.00. If there was some way to make an exception it would be greatly appreciated. I would also pay for next year now if possible. Thank you for your time in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas Quinn', with a long horizontal line extending to the right.

Thomas Quinn