

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91447 015 ***150.00

0656295 AT

DOCUMENT # P96000101882

1. Entity Name
FIBRE TECH WEST, INC.



Principal Place of Business
**1912 N ROSEMONT
MESA AZ 85205
US**

Mailing Address
**1912 N ROSEMONT
MESA AZ 85205
US**

2. Principal Place of Business
1912 N. ROSEMONT
Suite, Apt. #, etc.

3. Mailing Address
1912 N. ROSEMONT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
MESA, AZ

City & State
MESA, AZ 85205

4. FEI Number **59-3424359**

Applied For
☐ Not Applicable

Zip **85205** Country **USA**

Zip **85205** Country **USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, ANDREW
2323 N. 34TH WAY NORTH
LARGO FL 33771**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LYNCH, HUGH**
STREET ADDRESS **1912 N ROSEMONT**
CITY-ST-ZIP **MESA AZ 85205**

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

TITLE **VPS** ☐ Delete
NAME **MORRIS, ANDREW**
STREET ADDRESS **2323 34TH WAY NORTH**
CITY-ST-ZIP **LARGO FL 33771**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Hugh Lynch** **REQUIRE PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03
Date

480-804-9688
Daytime Phone #

CR2E034 (10/02)