

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 9700000 4437

1. Entity Name

WESTWARD REALTY, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12860 Lake Sawyer Ln.

Suite, Apt. #, etc.

3. Mailing Address

12860 Lake Sawyer Ln

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINDERMERE, FL

City & State

WINDERMERE, FL

4. FEI Number

593 417623

Applied For

Not Applicable

Zip

34786

Country

US

Zip

34786

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Neal A Sivyer

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

220 South Franklin Street

City

TAMPA

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P/T
Richard Kjellander
12860 Lake Sawyer Lane
WINDERMERE, FL 34786

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/S
Kresley Kjellander
12860 Lake Sawyer Lane
WINDERMERE, FL 34786

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD KJELLANDER

DATE

5/10/02 (407) 905 5488

Daytime Phone #

CR2E034B (12/01)