

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042199

1. Entity Name

ATLANTIC WEST CORPORATION

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90154 003 ***150.00

Principal Place of Business

Mailing Address

1020 GOODLETTE RD
STE 200
NAPLES FL 34102

1020 GOODLETTE RD
STE 200
NAPLES FL 34102-5449

2. Principal Place of Business

3. Mailing Address

1140 GOODLETTE RD.

P.O. Box 10608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number 65-0772317

Applied For

Not Applicable

Zip 34102

Country USA

Zip 34101

Country USA

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

OLSON, CLIFFORD A
1020 GOODLETTE RD
STE 200
NAPLES FL 34102

Name

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

1140 GOODLETTE ROAD

City NAPLES

FL

Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-00

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, 2000 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 VTS
NAME OLSON, CLIFFORD A
STREET ADDRESS 1020 GOODLETTE RD
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1140 GOODLETTE RD.
CITY-ST-ZIP NAPLES FL 34102

TITLE P
NAME WILSON, JOHN
STREET ADDRESS 1020 GOODLETTE RD
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1140 GOODLETTE ROAD
CITY-ST-ZIP NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00

941-261-2621

CR2E034 (9/99)