

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90313 046 ***150.00

0536868

DOCUMENT # P97000049135

1. Entity Name
WESTGATE ENTERPRISES, INC.

Principal Place of Business 23 HIGHLAND AVE LEHIGH ACRES FL 33936 US	Mailing Address 23 HIGHLAND AVE P.O. BOX 60205 LEHIGH ACRES FL 33936 US
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C0062105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 941 PAWSTAND RD	3. Mailing Address 941 PAWSTAND RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CELEBRATION FL	City & State CELEBRATION, FL.
Zip 34747	Zip 34747
Country USA	Country USA

4. FEI Number 65-0758749	Applied For <input type="checkbox"/> Not Applicable
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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

~~HICKERSON, BEVERLY C~~
~~23 HIGHLAND AVE~~
~~LEHIGH ACRES FL 33936~~

941 PAWSTAND RD
CELEBRATION, FL.
34747

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HICKERSON, BEVERLY	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 23 HIGHLAND AVE		STREET ADDRESS	
CITY-ST-ZIP LEHIGH ACRES FL 33936		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Beverly C. Hickerson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
 Date

Daytime Phone #

CR2E034 (10/00)