

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0198516 AV

DOCUMENT # P97000054892

1. Entity Name
WEST ATLANTIC ASSOCIATES, INC.



04-14-2003 90386 047 ***150.00

Principal Place of Business
**2722 W ATLANTIC BLVD
SUITE 22
POMPANO BEACH FL 33069**

Mailing Address
**2722 W ATLANTIC BLVD
SUITE 22
POMPANO BEACH FL 33069**

2. Principal Place of Business
9690 W. Sample Road

3. Mailing Address
10180 NW 48th Drive

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

4. FEI Number
65-0759682

Applied For
Not Applicable

Zip
33065

Country
Broward

Zip
33076

Country
Broward

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

**LARKIN, BERNICE
531 N. OCEAN BLVD
STE 407
POMPANO BCH FL 33062**

Name
Bernice Larkin
Street Address (P.O. Box Number is Not Acceptable)
10180 NW 48th Drive
City
Coral Springs FL Zip Code
33076

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 *Bernice Larkin* **Bernice Larkin** **4/10/03**
Signature, typed or printed name of registered agent and title if applicable. (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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LARKIN, BERNICE
531 N. OCEAN BLVD -#407
POMPANO BCH FL 33062** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BERNICE LARKIN
10180 NW 48th Drive
Coral Springs, FL 33076** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: *Bernice Larkin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03 (954) 346-5207

Date Daytime Phone #

CR2E034 (10/02)