

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90004 029 ***150.00

DOCUMENT # P97000057995

1. Entity Name
LINDA A. WESTERFER, P.A.

Principal Place of Business

~~071 AIRPORT RD N~~
~~STE 1~~
~~NAPLES FL 34104~~
~~US~~

Mailing Address

~~071 AIRPORT RD N~~
~~STE 1~~
~~NAPLES FL 34104~~
~~US~~

2. Principal Place of Business

720 Goodlette Road
Suite 203
NAPLES, FL
34102 **US**

3. Mailing Address

720 Goodlette Road
Suite 203
NAPLES, FL
34102 **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3455752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WESTERFER, LINDA A
8015 SAN VISTA CIRCLE
NAPLES FL 34109

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

| | | |
|-----------------------|-----------------------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> Delete |
| NAME | WESTERFER, LINDA A. | |
| STREET ADDRESS | 071 AIRPORT RD N STE 1 | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WESTERFER, LINDA A | |
| STREET ADDRESS | 071 AIRPORT RD N STE 1 | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|-----------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 720 Goodlette Rd - Ste 203 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 720 Goodlette Rd - Ste 203 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Linda A Westerfer
President

Date

1/11/02

Daytime Phone #

941-643-1040

CR2E034 (9/01)