## 2000 UNIFORM BUSINESS REPORT {UBR}

SIGNATURE:

## FILED DOCUMENT # P97000070554 Jul 26, 2000 8:00 am 1. Entity Name DAVID M. WESTLAKE, PA **Secretary of State** 07-26-2000 90010 041 \*\*\*150.00 Principal Place of Business Mailing Address 19713 GUNN HIGHWAY 19713 GUNN HIGHWAY ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3467965 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTLAKE, DAVID M Street Address (P.O. Box Number is Not Acceptable) 19713 GUNN HIGHWAY ODESSA FL 33556 Zip Çode 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition Westlake, David M NAME NAME STREET ADDRESS 19713 GUNN HIGHWAY STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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.

id M. Westlatee 2

197000070554 A006983a Attach

July 17th, 2000

Division of Corporations P.O> Box 1500 Tallahassee, Fl. 32302-1500

Re: Uniform Business Report / Annual Report.

To whom it may concern:

I never recieved any mailing from your depatrment prior to this one.

Therefore as per your phone instructions I am filing this report and enclosing a check for \$150.00.

Thank you for your assistance in this matter.

Sincerely,

David Westlake