

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080804

1. Entity Name

WESTHOFF ENTERPRISES, INC.

Principal Place of Business

810 NCARTHUR AVENUE
LEHIGH ACRES FL 33936
FL

Mailing Address

1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0782282

Applied For

Not Applicable

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

~~H, S B B~~
~~1505 SE 40TH STREET SUITE C~~
~~CAPE CORAL FL 33904~~

Name
Euro-American Financial Services INC
Street Address (P.O. Box Number is Not Acceptable)
1505 S.E. 40th Street Suite C
Cape Coral, FL
City **Cape Coral** FL Zip Code **33904**

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, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
WESTHOFF, MARINA
810 MC ARTHUR AVE.
LEHIGH ACRES FL 33936 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
WESTHOFF, MANFRED
810 MC ARTHUR AVE
LEHIGH ACRES FL 33936 ☐ Delete

TITLE
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☐ Delete

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CITY - ST - ZIP
☐ Change ☐ Addition

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:

Mania Westhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-01

Date

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90194 012 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)