

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90026 017 ***150.00

DOCUMENT # P98000013938

1. Entity Name

ROBERT B. WESTER, JR., INC.

DO NOT WRITE IN THIS SPACE

40099884

2. Principal Place of Business

1128 RPB BLVD.

Suite, Apt. #, etc.

SUITE 191

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

3. Mailing Address

1128 RPB BLVD.

Suite, Apt. #, etc.

SUITE 191

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

4. FEI Number

650809814

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

WESTER, ROBERT, B. JR.

Street Address (P.O. Box Number is Not Acceptable)

1128 RPB BLVD.

SUITE 191

City

ROYAL PALM BEACH

FL

Zip Code

33411

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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)

4/30/2008

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
WESTER, ROBERT, B. JR.
1128 ROYAL PALM BEACH BLVD., SUITE 191
ROYAL PALM BEACH, FL 33411

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2008

Date

Daytime Phone #