2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800016874 1. Entity Name WESTBROOK HOLDINGS, INC.					FILED Feb 01, 2000 8:00 am Secretary of State 02-01-2000 90079 035 ***150.00			
Principal Plac	e of Business	Mailing Address	- -		02-01-2000	90079 033 -	130.00	I
4849 WETHERFI JACKSONVILLE		4849 WETHERFIELD PL E SUITE 1131 JACKSONVILLE FL 32257-45	527		(1881) 884 MA (878 1811) 8811	88:11 88:11 881 8) (48)	. 211 2 3 18111 18 1	en Bi d i (88)
	Place of Business We thersfield Place F. #, etc.	3. Mailing Address 4849 Wethers f	feld PLace, F	ast	DO NOT 1	WRITE IN THIS S	PACE	
City & State		City & State Jac KS ow Jille	Florida	4.	. FEI Number 59-3495	046		oplied For ot Applicable
Zip 3225	Country USA	32157	Country USA		Certificate of Status Desire	tu Li f	8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent	Name		Name and Address of Ne		gent	
4849	t, david w Jr Wethersfield place e Sonville FL 32256			ddress (P.O.	W-13ritt Box Number is Not Accept thers field	able) Lace	East	
			City J	ackson	u ville	FL	Zip Cod	\$7
	named entity submits this statement fo	r the purpose of changing its				f Florida.	00	·
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable.	E: Registered Agent signa	ture required when	n reinstating)	DATE		
Tax filling r	oration is eligible to satisfy its Intangible requirement and elects to do so.		!! FEE IS \$150. 00 Fee will be \$! le to Departmen	55 0 .00	. 10. Election Campaig Trust Fund Contrib			00 May Be d to Fees
11.	OFFICERS AND		12.	100-	ADDITIONS/CHANGES TO			S IN 11
TITLE NAME STREET ADDRESS	PSTD WESTBROOK BRITT, DAVID JR 4849 WETHERSFIELD PL E	☐ Delete	TITLE NAME STREET ADDRESS	David	westbrock Bri Wothers field	Phace	East	Addition
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	Jack	souville, FL	322	57	- L. L. C. C.
NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				L_ Change	☐ Addition
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP		·		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	•	<u> </u>	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS :			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE NAME			·	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			He v		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empored, or on an attachment with an address	s true and accurate and that roowered to execute this report	ny signature shall f as required by Ch	save the sam	ie legal effect as it made un	der oath: that La	m an officer	or airector
SIGNAT	URE: SIGNATURE AND TYPED OR F	PINTED NAME OF SIGNING OFFICER	OR DIRECTOR		1/28/00 Date	904/	880-1 sytime Phone #	1955