

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90382 022 ***150.00

DOCUMENT # P98000031882

1. Entity Name
WESTREND HOLDINGS, INC.

Principal Place of Business
3401 EQUESTRIAN CLUB RD
WELLINGTON FL 33414
US

Mailing Address
P O BOX 210366
ROYAL PALM BCH FL 33421

2. Principal Place of Business

3. Mailing Address

3401 Equestrian Club Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington FL

Zip

Country

33414

USA

4. FEI Number **65-0832626**

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

PARRISH, BRUCE W JR.
105 S. NARCISSUS AVE. STE. 701
WEST PALM BEACH FL 33401

Name

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

105 S. NARCISSUS Ave. Ste. 412

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 reinstalling)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **VARNEY, WILLIAM**
 STREET ADDRESS **3401 EQUESTRIAN CLUB RD.**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Change ☐ Addition
 NAME *13840 Fairlane Ct*
 STREET ADDRESS *Wellington FL 33414*
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 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:

William P. Varney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

561-793-0124
 Daytime Phone #

CR2E034 (9/01)