

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90067 021 \*\*\*150.00

**DOCUMENT # P98000049105**

1. Entity Name

**WESTSIDE SERVICES, INC.**

Principal Place of Business

~~12522 N US HWY 301  
 #2  
 THONOTOSASSA FL 33592~~

Mailing Address

~~12522 N US HWY 301  
 #2  
 THONOTOSASSA FL 33592~~

2. Principal Place of Business

**1923 Tampa East Blvd**  
 Suite, Apt. #, etc.

3. Mailing Address

**1923 Tampa East Blvd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tampa, FL**

City & State

**Tampa, FL**

4. FEI Number

**59-3518808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LOPEZ, CHRISTOPHER  
 3511 BLUEFISH DR.  
 HERNANDO BEACH FL 34607**

7. Name and Address of New Registered Agent

Name

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

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 reinstating)

**CHRISTOPHER LOPEZ**

**1/8/02**

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

TITLE **PT** ☐ Delete  
 NAME **LOPEZ, CHRISTOPHER**  
 STREET ADDRESS **3511 BLUEFISH DR.**  
 CITY-ST-ZIP **SPG HILL FL 34407**

TITLE **VP** ☐ Delete  
 NAME **TANNER, CAMILLE**  
 STREET ADDRESS **31341 BLANTON RD**  
 CITY-ST-ZIP **DADE CITY FL 33523**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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 an other like empowered.

SIGNATURE:

**CHRISTOPHER LOPEZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/8/02**

**813 624 8000**

CR2E034 (9/01)