

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071002

1. Entity Name

WESTPLAN ASSET MANAGEMENT U.S.A., INC.

(Handwritten initials)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90114 028 ***550.00

Principal Place of Business
8272 WALLINGFORD HILLS LN
JACKSONVILLE FL 32256

Mailing Address
8272 WALLINGFORD HILLS LN
JACKSONVILLE FL 32256

AU010360

2. Principal Place of Business

9711 EAGLE PRESERVE DR.

3. Mailing Address

9711 EAGLE PRESERVE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD, FL

4. FEI Number 52-2126832

Applied For

Not Applicable

Zip
34224

Country
USA

Zip
34224

Country
USA

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

BOTH, PIETER
8272 WALLINGFORD HILLS LN
JACKSONVILLE FL 32256

Name

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

9711 EAGLE PRESERVE DR.

City

ENGLEWOOD

FL

Zip Code

34224

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

(Handwritten signature of Pieter Both)

PIETER BOTH

7/16/01

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
DPS
BOTH, PIETER
8272 WALLINGFORD HILLS LN
JACKSONVILLE FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BOTH, PIETER
9711 EAGLE PRESERVE DR.
ENGLEWOOD, FL 34224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SWAAK, EWOUT
KRUISWEG 825-B, 2132 NG HOOFDDORP
THE NETHERLANDS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SWAAK, EWOUT
HAVEN 3-B
LISSE, THE NETHERLANDS 2161 KS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

(Handwritten signature of Pieter Both)

PIETER BOTH

7/16/01

941 698 6978

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)