

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077482

1. Entity Name

WESTWOOD TRADING CO.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90033 010 ***150.00

Principal Place of Business

Mailing Address

4629 SWEETMEADOW CIR.
SARASOTA FL 34238

4629 SWEETMEADOW CIR.
SARASOTA FL 32746-4103

2. Principal Place of Business

1684 BRIDGEWATER DR.
Suite, Apt. #, etc.

3. Mailing Address

1684 BRIDGEWATER DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HEATHROW FL

City & State

HEATHROW FL

4. FEI Number

65-0862941

Applied For

Not Applicable

Zip 32746.

Country U.S.A.

Zip 32746

Country U.S.A.

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

MEIER, LEE
4629 SWEETMEADOW CIR.
SARASOTA FL 34238

Name

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

1684 BRIDGEWATER DR

City

HEATHROW

FL

Zip Code

32746

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)

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, 2000 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 P ☐ Delete
NAME MEIER, LEE
STREET ADDRESS 4629 SWEETMEADOW CIRCLE
CITY-ST-ZIP SARASOTA FL 34238

TITLE P ☐ Change ☐ Addition
NAME LEE MEIER
STREET ADDRESS 1684 BRIDGEWATER DR
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)