2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State
06-08-2000 90033 010 ***150.00

DOCUMENT # [redacted] P99000042133

1. Entity Name
THE WESTLUND GROUP, INC.

Principal Place of Business
1689 VALLEY DRIVE
VENICE, FL. 34292

Mailing Address
1689 VALLEY DRIVE
VENICE, FL. 34292

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
AS ABOVE
Suite, Apt. #, etc.
City & State
Zip
Country USA

3. Mailing Address
AS ABOVE
Suite, Apt. #, etc.
City & State
Zip
Country USA

4. FEI Number 65-0920167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CSC
PO BOX 591
WILMINGTON, DE. 19899-0591

7. Name and Address of New Registered Agent
Name MARY ANN WESTLUND
Street Address (P.O. Box Number is Not Acceptable)
1689 VALLEY DRIVE
City VENICE FL Zip Code 34292

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 William M. Westlund 5-26-00
Signature, type or printed name of registered agent and title if applicable. Note: Registered Agent signature required when reinstated. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

11.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT MARY ANN WESTLUND 1689 VALLEY DRIVE VENICE, FL. 34292 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: SEC. TREASURER WILLIAM M. WESTLUND 1689 VALLEY DRIVE VENICE, FL. 34292 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
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: William M. Westlund 5-26-00
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Last, First, Middle) Date

WILLIAM M. WESTLUND