

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90080 031 ***150.00

DOCUMENT # P99000049317



1. Entity Name
P.S.L. WEST, INC.

Principal Place of Business
**C/O ALVIN SILVERMAN
1695 NW HARBOR PLACE
STUART FL 34994**

Mailing Address
**C/O ALVIN SILVERMAN
1695 NW HARBOR PLACE
STUART FL 34994**

2. Principal Place of Business
2974 SE ABA STREET

3. Mailing Address
2974 SE ABA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE

City & State
PORT ST. LUCIE

4. FEI Number **65-0923133**

Applied For
Not Applicable

Zip **FL** Country **34952**

Zip **FL** Country **34952**

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

**SILVERMAN, ALVIN
1695 NW HARBOR PLACE
STUART FL 34994**

Name **SILVERMAN, ALVIN**
Street Address (P.O. Box Number is Not Acceptable)
2974 SE ABA STREET
City **PORT ST. LUCIE** FL Zip Code **34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/08/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SILVERMAN, ALVIN**
STREET ADDRESS **1695 NW HARBOR PLACE**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition
NAME **SILVERMAN, ALVIN**
STREET ADDRESS **2974 SE ABA STREET**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952** **P.S.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/03 (772) 337-3236
Date Daytime Phone #

CR2E034 (10/02)