

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000050252

1. Entity Name

WST Enterprises, Inc.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91284 023 ***150.00

Principal Place of Business

225 Rainbow Dr.
Florahome, Fl. 32140

Mailing Address

225 Rainbow Dr.
Florahome, Fl. 32140

A0067578

2. Principal Place of Business

225 Rainbow Dr.
Suite, Apt. #, etc.

3. Mailing Address

225 Rainbow Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Florahome, Fl.

City & State

Florahome, Fl.

4. FFI Number

59-3585316

Applied For

Not Applicable

Zip

32140

Country

USA

Zip

32140

Country

USA

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

6. Name and Address of Current Registered Agent

Vining, Scott
Southeast Capital Advisors, Inc.
4437 Carriage Crossing Drive
Jacksonville, Fl. 32258

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)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Wayne K. Spencer Jr.
STREET ADDRESS	225 Rainbow Dr.
CITY - ST - ZIP	Florahome, Fl. 32140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP Wayne K. Spencer, Jr.
STREET ADDRESS	225 Rainbow Dr.
CITY - ST - ZIP	Florahome, Fl. 32140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Wayne K. Spencer, Jr.
STREET ADDRESS	225 Rainbow Dr.
CITY - ST - ZIP	Florahome, Fl. 32140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S Wayne K. Spencer Jr.
STREET ADDRESS	225 Rainbow Dr.
CITY - ST - ZIP	Florahome, Fl. 32140
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Wayne K. Spencer Jr

Date

4/27/2001 (904) 534-3346

Daytime Phone #

CR2E034 (11/00)