

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060124

1. Entity Name

AUGUST WEST & ASSOCIATES, INC.

FILED

Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90057 040 \*\*\*150.00

Principal Place of Business

600 BYPASS DR  
101  
CLEARWATER FL 33764

Mailing Address

600 BYPASS DR  
101  
CLEARWATER FL 33764

2. Principal Place of Business

Clearwater, FL 600 Bypass Dr.

Suite, Apt. #, etc.

Ste 101

City & State

Clearwater FL

Zip  
33764

Country  
USA

3. Mailing Address

600 Bypass Drive

Suite, Apt. #, etc.

Ste 101

City & State

Clearwater FL

Zip  
33764

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3587586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHETZEL, TRACEY  
349 LIMETTA STREET  
PALM HARBOR FL 34683

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WHETZEL, TRACEY  
349 LIMETTA STREET  
PALM HARBOR FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BOURDON-WHETZEL, JULIE  
349 LIMETTA STREET  
PALM HARBOR FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01  
Date

Daytime Phone #

CR2E034 (10/00)