

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081260

1. Entity Name

WESTCO ENGINEERING, INC.

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90069 031 \*\*\*150.00

Principal Place of Business

Mailing Address

6845 #62 NARCOSSEE RD.  
ORLANDO FL 32822

7728 ALTAVAN AVE.  
ORLANDO FL 32822-8415

2. Principal Place of Business

SAME AS SHOWN

3. Mailing Address

SAME AS SHOWN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

C0058570



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

WEST, TIMOTHY  
6845 #62 NARCOSSEE RD.  
ORLANDO FL 32822

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CEO	WEST, TIMOTHY	6845 #62 NARCOSSEE RD.	ORLANDO FL 32822	<input type="checkbox"/>
P	WEST, MARGARET LYNNE	6845 #62 NARCOSSEE RD.	ORLANDO FL 32822	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Margaret Lynne West - President

4/7/00

Date

407/275-6100

Daytime Phone #

CR2E034 (9/99)