2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **P99000101851** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name WESTMONT REALTY, INC. 04-24-2000 90775 001 ***300.00 Principal Place of Business Mailing Address 14203 W COLONIAL DRIVE 14203 W COLONIAL DRIVE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 00411 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59.- 3611298 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROESE, CURT Street Address (P.O. Box Number is Not Acceptable) 1403 W PRICETON STREET ORLANDO FL 32804 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. President Curt Roese 1403 W. Princeton Street ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS Oplando Florida CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete V. President TITLE TITLE NAME NAME 6501 Bay Club Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Florida CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME -- -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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