

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90109 017 \*\*\*150.00

<b>DOCUMENT # S13545</b> 1. Entity Name <b>RICHARD D. WEST, P.A.</b>			
Principal Place of Business <b>501 N MAGNOLIA AVE          STE A          ORLANDO FL 32801          US</b>		Mailing Address <b>501 N MAGNOLIA AVE          STE A          ORLANDO FL 32801          US</b>	
2. Principal Place of Business <b>711 N. Magnolia Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>711 N Magnolia Ave</b> Suite, Apt. #, etc.	
City & State <b>Orlando FL</b> Zip <b>32803</b>		City & State <b>Orlando, FL</b> Zip <b>32803</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>57-0927260</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>WEST, RICHARD D          501 N MAGNOLIA AVENUE          SUITE A          ORLANDO FL 32801</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>1/10/01</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See original on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		11. OFFICERS AND DIRECTORS	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		13. I hereby certify that the information reported 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.	



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/01 (407) 425-8878**