

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90014 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # S42893**

1. Entity Name

**REED B. WEST, O.D., P.A.**

Principal Place of Business

Mailing Address

**13300-45 SOUTH CLEVELAND AVE  
STE #3**

**5208 SOUTHWEST 8TH COURT  
CAPE CORAL FL 33914-7004**

**MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0260691**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**WEST, REED B. O.D.  
5208 SOUTHWEST 8TH COURT  
CAPE CORAL FL 33905**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

**D  
WEST, REED B. O.D.  
5208 S.W. 8TH COURT  
CAPE CORAL FL**

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

**5208 S.W. 8TH COURT  
CAPE CORAL FL**

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

**CAPE CORAL FL**

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

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.

**REED B. West O.D.**

**SIGNATURE:**

**Reed B. West O.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**president**

Date

**4/24/00**

Daytime Phone #

**941 542-0778**

CR2E034 (9/99)