2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S42893 **DOCUMENT#**

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



FILED Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90128 008 ***150.00

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th Clevelai		5208 SOUTHWES	B SOUTHWEST 8TH COURT						
2. Principal Place of Business			3. Mailing Address			† 100(10)E 111 praka 11001 (Bella kalaa sist akabi a	DEL BIBIE DIBIE D		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			had Dallay		plied For at Applicable	
	Country	Zip	Zip Count		5 . C			8.75 Additional ee Required	
6. Name and Address of Current Registered					7. N	lame and Address of New Registered	Agent		
. Company	F = 100 - 10			Name	چنه د د د		/ .		
			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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed	or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	ed Agent signature requ	ired when rei	instating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
	OFFICERS AN	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
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	33907 lace of Busin #, etc. e 6. Name ED B. O.D. ITHWEST 8 RAL FL 338 named entitions of regist Signature, typed ILE NOW! May 1, 200 Repayable to D WEST, RE 5208 S.W CAPE CO	Country 6. Name and Address of Curre ED B. O.D. THWEST 8TH COURT RAL FL 33905 named entity submits this statemen ions of registered agent. Signature, typed or printed name of registered agent. OFFICERS AT D WEST, REED B. O.D. 5208 S.W. 8TH COURT CAPE CORAL FL.	TH CLEVELAND AVE S208 SOUTHWEST CAPE CORAL FI 33907 Lace of Business #, etc. City & State Country City & State Country ED B. O.D. ITHWEST 8TH COURT RAL FL 33905 Inamed entity submits this statement for the purpose of chains of registered agent. Signature, typed or printed name of registered agent and title if applicable. ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 It Payable to Florida Department of State OFFICERS AND DIRECTORS D WEST, REED B. O.D. 5208 S.W. 8TH COURT CAPE CORAL FL	TH CLEVELAND AVE CAPE CORAL FL 33914-7004 33907 lace of Business 3. Mailing Address #, etc. City & State Country Zip Country Zip Country 6. Name and Address of Current Registered Agent ED B. O.D. ITHWEST 8TH COURT RAL FL 33905 Inamed entity submits this statement for the purpose of changing its register ions of registered agent. (NOTE: Registered agent) ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Payable to Florida Department of State OFFICERS AND DIRECTORS DElete WEST, REED B. O.D. 5208 S.W. 8TH COURT CAPE CORAL FL Delete ITIL NAM STR CITY DELETE DELETE	## CLEVELAND AVE \$208 SQUITHMEST 8TH COURT CAPE CORAL FL 33914-7004	## CLEVELAND AVE S208 SQUITHWEST 8TH COURT CAPE CORAL FL 33914-7004 33907	## CLEVELAND AVE \$208 \$0.UTHWEST 8TH COUNT CAPE CORAL FL 33914-77094 \$33907 \$33907 \$33907 \$4. FELT Number 65-0260691 \$4.	## CLEVELAND AVE S208 SOUTHWEST 6TH COURT CAPE CORAL FL 33914-7004 S39307 S206 SOUTHWEST 6TH COURT CAPE CORAL FL 33914-7004 S206 SOUTHWEST 6TH COURT CAPE COUNTY S200 CHECK HERE IF MAKING CHANGES S4. FEI Number 65-0260691 FA. F.	

I nereoy certify that the information supplied with this filing does not quality 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

REED B. WEST D.D.

SIGNATURE:

(239) 542.0778