**SIGNATURE:** 

INTED NAME OF S

D TYPED OR P

NING OFFICER OR DIRECTOR

## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # \$77355** Apr 11, 2000 8:00 am Secretary of State GROUP WEST, INC. 04-11-2000 90168 049 \*\*\*150.00 Mailing Address Principal Place of Business 13024 WATERFORD RUN DR. 13024 WATERFORD RUN DR. **RIVERVIEW FL 33569-5745** RIVERVIEW FL 33569 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3085561 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOWE, DAVID K. Street Address (P.O. Box Number is Not Acceptable) 13024 WATERFORD RUN DR. RIVERVIEW FL 33569 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE LOWE, DAVID K. NAME NAME STREET ADDRESS 13024 WATERFORD RUN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL ☐ Change Addition ☐ Delete TITLE LOWE, BEVERLY NAME NAME 13024 WATERFORD RUN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF RIVERVIEW FL - . Change Addition ☐ Delete Director TITLE TITLE Andrea Law NAME way heaterford Ru if NAME STREET ADDRESS STREET ADDRESS wervau FL 33569 CITY-ST-ZIP CITY-ST-ZIP Director ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 ustee entrowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information su indicated on this report or support of the corporation or the received emental repor er or trustee e changed, or on an attachme npowered