2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01380

FILED Jan 23, 2001 8:00 am

86 WESTMORELAND, INC.						01-23-2001 90063 050 ***150.00					
Principal Place of Business 1444 N US 1 ORMOND BEACH FL 32174 US 2. Principal Place of Business		Mailing Address P. O. BOX 350378 PALM COAST FL 32135 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4.	4. FEI Number 59-3118878 Applied For Not Applied be						
Zip	Country	Zip	Country	5.	Certificate of	Status Desired [75 Add Required	ditional		
	6. Name and Address of Current R	legistered Agent	Name	7. 1	Name and Ad	idress of New Regis	tered Agen	t			
CIMILUCA, DAVID 1444 U.S. 1 NORTH ORMOND BEACH FL				Street Address (P.O. Box Number is Not Acceptable)							
Willing Co.			City				FL	Zip Code	e		
8. The above	named entity submits this statement for	the purpose of changing its r	registered office or	registered ag	jent, or both,	in the State of Florida.					
SIGNATURE _	Signature, typed or printed name of registered agent en	nd title if applicable. (NOTE:	Registered Agent signate	ure required when re	einstating)		DATE	_ 			
	ration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			on Campaign Financi Fund Contribution.	ng		0 May Be I to Fees		
11.	OFFICERS AND D		12.	AL	DITIONS/CH	ANGES TO OFFICER					
NAME STREET ADDRESS CITY-ST-ZIP	DP CIMILUCA, DAVID U.S. 1 N. ORMOND BEACH FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	1444	N. U.S	s <i>1</i>		Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CIMILUCA, FAITH US 1 NORTH ORMOND BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1444 1	v. us	1		Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	; <u> </u>			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition		
indicated of the corp	ertify that the information supplied with to this report or supplemental report is to contain or the receiver or trustee empoy or on an attachment with an address, with the trustee and type on particular trustees.	rue and accurate and that my vered to execute this report a	y signature shall h is required by Cha <i>FAITH C</i>	ave the same pter 607, Flori	legal effect a da Statutes;	s if made under oath:	that I am a	n officer	or director		