## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 92195 049 \*\*\*150.00

Principal Place of Business 2952 CLEVELAND AVE FORT NYERS, FL 33901	Mailing Address 17120 PRIMAYERA CIR CAPE CORAL, FL 3390		001	HUUJA	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State	City & State		4. FEI Number 65-1059633	<del> }-</del>	Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ac	ditional
6. Name and Address of C	Current Registered Agent		7. Name and Address of New Regi		
HAGMANN, VICKI M		Name			
2952 CLEVELAND AVE 17120 PRIMAVERA CIR		Street Addre	s (P.O. Box Number is Not Acceptable)		
FORT MYERS, FL 33901					
1	·	City		FL Zip Co	de
the obligations of registered agency	10	hent Wa	cmann 4.	79- 20	O?
HIGNATURE Sursulus, typind of printed narraffol succession.	ned againt and title if applicable. (N	ben T HAC OTE: Registered Agent Eignelune no	9. Election Campaign Finance Trust Fund Contribution.		00 May Be
FILE NOWIL FEE IS \$150. After May 1, 2003 Fee will be \$5 (site. Check Payable to Florida Depart	and agent and title if applicable. (N 30 50:00 There of State IS AND DIRECTORS	OYE: Registered Agent signature re	pured when reinstaling)  9. Election Campaign Finance	RS AND DIRECTOR	ed to Fees
FILE NOWTH FEE IS \$160. After May 1, 2003 Fee will be \$5 stee Check Payable to Florida Depart  O. OFFICER  THE HAGMANN, VICKI M  17120 PRIMAVERA CIR	ed agent and title if applicable. (N 30 50,00 Theirth of State	OYE: Registered Agent signal uni ni	9. Election Campaign Financ Trust Fund Contribution.	☐ Adde	ed to Fees
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FILE NOWFILE FEE IS \$160.  After May 1. 2003 Fee will be \$5 fishe. Check Payable to Florida Depart  O. OFFICER  THE HAGMANN, VICKI M 17120 PRIMAVERA CIR CAPE CORAL, FL 33909  THE HAGMANN, ROBERT C 17120 PRIMAVERA CIR THEST ADDRESS  THE HAGMANN, ROBERT C 17120 PRIMAVERA CIR	and again and title if applicable. (NY 323-56) (NY 56) (NY 56) (NY 57)	T1.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	9. Election Campaign Financ Trust Fund Contribution.	Adde	ed to Fees  R\$ IN 11  Addition

Attachment 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 25, 2002 8:00 al 90126052 P00000114158 DOCUMENT # **Secretary of State** 1. Entity Name WEST ISLAND REALTY, INC. 03-25-2002 90181 030 \*\*\*150.00 Principal Place of Business Mailing Address 2952 CLEVELAND AVE 17120 PRIMAVERA CIR FORT MYERS FL 33901 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address Suite! Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1059633 Not Applicab Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAGMANN, VICKI M Street Address (P.O. Box Number is Not Acceptable) 2952 CLEVELAND AVE 17120 PRIMAVERA CIR FORT MYERS FL 33901 Zip Code City 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 algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE mi£ ☐ Change Additic HAGMANN, VICKI M NAME NAME STREET ADDRESS 17120 PRIMAVERA CIR STREET ADDRESS CITY-ST-77P CAPE CORAL FL 33909 CITY-ST-ZIP VICE PRIS. ☐ Delete Additic TITLE TITLE ☐ Change NAME NAME HAGMANN, ROBERT C STREET ADDRESS STREET ADDRESS 17120 PRIMAVERA CIR CITY-ST-ZIP CAPE CORAL FL 33909 CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Additio TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Additio

13. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-7IP

Oben HAGMANN

3-11-2002 1941