FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92195 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114158

1. Entity Name
WEST ISLAND REALTY, INC.

Principal Place of Business	Mailing Address
2952 CLEVELAND AVE FORT MYERS, FL 33901	17120 PRIMAVERA CIR CAPE CORAL, FL 33909

☐ CHECK HERE IF MAKING CHANGES

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 65-1059633 — 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
HAGMANN, VICKI M 2952 CLEVELAND AVE 17120 PRIMAVERA CIR FORT MYERS, FL 33901	Name 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] Robent HAGmann 4-29-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAGMANN, VICKI M		NAME		
STREET ADDRESS	17120 PRIMAVERA CIR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAGMANN, ROBERT C		NAME		
STREET ADDRESS	17120 PRIMAVERA CIR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE: [signature] Robent HAGmann 4-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(239) 791-7653

Attachment

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 a
Secretary of State
03-25-2002 90181 030 ***150.00

DOCUMENT # P00000114158 90126052

1. Entity Name
WEST ISLAND REALTY, INC.

Principal Place of Business	Mailing Address
2952 CLEVELAND AVE FORT MYERS FL 33901	17120 PRIMAVERA CIR CAPE CORAL FL 33909

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1059633 ☐ Applied For ☐ Not Applicab

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAGMANN, VICKI M
2952 CLEVELAND AVE
17120 PRIMAVERA CIR
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D HAGMANN, VICKI M 17120 PRIMAVERA CIR CAPE CORAL FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additic
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGMANN, ROBERT C 17120 PRIMAVERA CIR CAPE CORAL FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES.	☐ Change ☒ Additic
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Hagmann ROBERT HAGMANN 3-11-2002 (941) 791-7653