

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

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90160 003 \*\*\*150.00

**DOCUMENT # P02000062870**



**1. Entity Name**  
**WEST FLORIDA LAND & DEVELOPMENT COMPANY**

**Principal Place of Business**  
913 GULF BREEZE PKWY STE 41  
GULF BREEZE FL 32561

**Mailing Address**  
913 GULF BREEZE PKWY STE 41  
GULF BREEZE FL 32561



**2. Principal Place of Business**  
147 LE PORT DRIVE  
Suite, Apt. #, etc.

**3. Mailing Address**  
147 LE PORT DR  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

**City & State**  
PENSACOLA BEACH FL  
**Zip**  
32561  
**Country**

**City & State**  
PENSACOLA BEACH FL  
**Zip**  
32561  
**Country**

**4. FEI Number**  
46-0500352  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PALMER, RAYMOND B**  
913 GULF BREEZE PKWY STE 41  
GULF BREEZE FL 32561

**7. Name and Address of New Registered Agent**

**Name**  
W. PATRICK CASH  
**Street Address (P.O. Box Number is Not Acceptable)**  
147 LE PORT DRIVE  
**City**  
PENSACOLA BEACH FL  
**Zip Code**  
32561

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**  
1/6/03

**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**  **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> DPST <input checked="" type="checkbox"/> Delete	<b>NAME</b> PALMER, RAYMOND B
<b>STREET ADDRESS</b> 913 GULF BREEZE PKWY STE 41	
<b>CITY-ST-ZIP</b> GULF BREEZE FL 32561	
<b>TITLE</b> PRESIDENT, DIRECTOR <input type="checkbox"/> Delete	<b>NAME</b> CASH, W PERRY
<b>STREET ADDRESS</b> 147 LE PORT DRIVE	
<b>CITY-ST-ZIP</b> PENSACOLA BEACH, FL 32561	
<b>TITLE</b> VICE PRES, DIRECTOR <input type="checkbox"/> Delete	<b>NAME</b> CASH, W. PATRICK
<b>STREET ADDRESS</b> 147 LE PORT DRIVE	
<b>CITY-ST-ZIP</b> PENSACOLA BEACH FL 32561	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 an address, with all other like empowered.**

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 678-758-3118  
Date Daytime Phone #

CR2E034 (10/02)