2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0037112 AV

FILED
03 MAY 20 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029017

1. Entity Name
RETROSPECT EAST, INC.

Principal Place of Business	Mailing Address
2806 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250 US	2806 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
24726 Misty Lake Dr	24726 Misty Lake Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach	City & State: Ponte Vedra Beach
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. FEI Number 59-3185717 ☐ 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
WEST, CHRISTOPHER D 2806 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250	Name Street Address (P.O. Box Number is Not Acceptable) 24726 Misty Lake Dr City Ponte Vedra Beach **FL** Zip Code 32082

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 Christopher D West 4-30-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDTS WEST, CHRISTOPHER D 2806 1ST STREET SOUTH JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600020056056 05/29/03--01006--029 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENT, PAUL R 1061 CIVIC CENTER DRI RANCHO CUCANGA CA 91729	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENT, WILLIAM D 1061 CIVIC CENTER DR RANCHO CUCANGA CA 91729	☐ 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
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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 an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Christopher D. West President 4/30/03 904-744-8090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #