CR2E034 (9/01

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all oth

SIGNATURE:

Apr 01, 2002 8:00 am Secretary of State J35044 **DOCUMENT #** 1. Entity Name WESTBAY MORTGAGE CO. 04-01-2002 90157 045 ***150.00 Principal Place of Business Mailing Address 33825 U.S. HWY. 19 N. 33825 U.S. HWY. 19 N. PALM HARBOR FL 34684 PALM HARBOR FL 34684 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2744579 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACY, JOHN Street Address (P.O. Box Number is Not Acceptable) 33825 US HYW 19 N PALM HARBOR FL 34684 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so 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. DPT TITLE ☐ Delete TITLE Change ☐ Addition TRACY, JOHN NAME NAME 33825 US HWY 19 N STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP TITLE DVS ☐ Delete TITLE Change ☐ Addition TRACY, MARILYN NAME NAME 33825 US HWY 19 N STREET ADDRESS STREET ADDRESS Palm Harbor FL 34684 CITY-ST-ZIP CITY-ST-ZIP TITLE-~- Delete - -TITLE -☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI € TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

DOCU	MENT # / J3504	4		(ODN)						Š
1. Entity Name WESTBAY MORTGAGE CO.						,				Ş
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Principal Plac	e of Business	Mailing Address				, , , ,				
33825 U.S. HWY, 19 N.		33825 U.S. HWY, 19 N.								
PALM HARBOR FL 34684 US		PALM HARBOR FL 34684 US			1					
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 59-2744				Applied For Not Applicable	7
Zip Country		Zip	Cour	ntry	5. 0	Certificate of Status Desired		8.75 A ee Requi]
	6. Name and Address of Current	Registered Agent		Name	7. N	ame and Address of New Re	gistered A	jent		7
TRACY, JOHN										4
33825 US				Street Addres	s (P.O. B	ox Number is Not Acceptable)				
PALM HAR	BOR FL 34684									_}
				City			FL	Zip Co	ode	
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or regis	tered age	ent, or both, in the State of Flor	ida.			1
						•				-
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registere	d Agent signature requ	ired when rei	nstating)	DATE			
9. This corpo	pration is eligible to satisfy its Intangible					10. Election Campaign Fina	ncina		00 м 0-	1
_	requirement and elects to do so. ria on back)	- After May 1, 200 Make Check Payab				Trust Fund Contribution			. 00 May Be ed to Fees	
11.	OFFICERS AND		12.	-		DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTÓ	RS IN 11	-
	QPT	☐ Delete	TITL	1				☐ Change	Addition	18
	TRACY, JOHN 33825 US HWY 19 N		NAM STR	EET ADDRESS						34 (9
	PALM HARBOR FL 34684			-ST-ZIP						CR2E034 (9/01)
	DVS	☐ Delete	TITL					☐ Change	Addition	75
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	PALM HARBOR FL 34684			'-ST-ZIP]
TITLE		☐ Delete	TITL	i				Change	Addition	}
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CITY-ST-ZIP			CITY	-ST-ZIP						_
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NAME STREET ADDRESS			NAM STRI	EET ADDRESS	L/	13/20/22				ĺ
CITY-ST-ZIP		<u>.</u>	CITY	/-ST-ZIP		St 936	<u></u>			
TITLE		☐ Delete	TITL	1				Change	Addition	
NAME STREET ADDRESS			IJAN STRI	EET ADDRESS						
CITY-ST-ZIP		·	CITY	Y-ST-ZIP						
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo , or on an attachment with an address, v	true and accurate and that nowered to execute this report	ny signa as regu	iture shall have th	ie same k	egal effect as if made under oa	th: that I an	n an office	er or director	
SIGNAT	URE: _ John !	I head	<i>-</i>	ves		3/20/02	727-7	77/-	8880	
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Day	time Phone e	,	