## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 499011 1. Entity Name WESTGATE SYSTEMS, INC. 04-24-2001 90011 013 \*\*\*150.00 Mailing Address Principal Place of Business 2801 24TH ST N 2801 24TH ST N SAINT PETERSBURG FL 33713 SAINT PETERSBURG FL 33713 643488 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-1663285 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'KRENT, EDGAR Street Address (P.O. Box Number is Not Acceptable) 2801 24TH ST NORTH SAINT PETERSBURG FL 33713 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 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE ☐ Delete TITLE NAME O'KRENT, MARY LOU NAME STREET ADDRESS STREET ADDRESS 1091 85TH TERR NO CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ Change Addition TITLE ☐ Delete TITLE BUDIN, R J NAME NAME STREET ADDRESS STREET ADDRESS 201 LEEWARD ISLAND CITY-ST-7IP CITY-ST-ZIP CLEARWATER, FL 00000 Change - Addition Delete TITI F TITLE OKRENT, EDGAR NAME NAME STREET ADDRESS STREET ADDRESS 2801 24TH ST N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR