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

FILED

03 MAY 27 AM 10:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M94237

1. Entity Name: Cayman West Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
BIG Pine Key FLA	29406 Mulberry ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Big Pine Key FL
Zip / Country	Zip: 33043 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0087316 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANDREA C THRASHER

Street Address (P.O. Box Number is Not Acceptable): 29406 Mulberry ST

City: Big Pine Key FL Zip Code: 33043

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT, Treasurer	TITLE	
NAME	Roger Thrasher	NAME	
STREET ADDRESS	29406 mulberry ST	STREET ADDRESS	
CITY-ST-ZIP	Big Pine Key Fl 33043	CITY-ST-ZIP	
TITLE	Vice President, Secratary	TITLE	
NAME	Andrea Thrasher	NAME	
STREET ADDRESS	29406 Mulberry ST	STREET ADDRESS	
CITY-ST-ZIP	Big Pine Key Fl 33043	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrea C Thrasher ANDREA C THRASHER Vice President 4/29/03 305-515-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #