

4/9/

FILED
May 28, 2002 8:00 am
Secretary of State

04-09-2002 90731 048 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099777

1. Entity Name

WESTCHASE DESIGNS, INC.

Principal Place of Business

340 ROYAL POINCIANA WAY, SUITE 340
 PALM BEACH FL 33480

Mailing Address

P.O. BOX 2799
 PALM BEACH FL 33480

2. Principal Place of Business

630 S. Sapodilla Ave

Suite, Apt. #, etc.

Apt 201

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

Country

4. FEI Number

65-1069242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

LYNCH, FRANCIS

340 ROYAL POINCIANA WAY, SUITE 340
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

John B. Rogers

Street Address (P.O. Box Number is Not Acceptable)

630 S. Sapodilla Ave #201

City

West Palm Beach

FL

Zip Code

33401

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS, JOHN	
STREET ADDRESS	1464 BREAKERS WEST BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROGERS, ALICE C	
STREET ADDRESS	1464 BREAKERS WEST BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, John	
STREET ADDRESS	PO Box 2799	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogers, Alice C	
STREET ADDRESS	PO Box 2799	
CITY-ST-ZIP	Palm Beach, FL 33480	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02

Date

Daytime Phone #

CR2E034 (9/01)