May 01, 2003 8:00 am

Secretary of State

05-01-2003 90302 040 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000110269 DOCUMENT

1. Entity Name

WESTBERRY ENTERPRISES, INC.

Principal Place of Business Mailing Address 2596 GREEN CROSSING DRIVE 2596 GREEN CROSSING DRIVE TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1065970 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --WESTBERRY, PAUL A III Street Address (P.O. Box Number is Not Acceptable) 2596 GREEN CROSSING DRIVE TALLAHASSEE FL 32309 City Zip Code 8. The above named epitify 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 74 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Addition WESTBERRY, PAUL A III NAME NAME 2596 GREEN CROSSING DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIF CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE WESTBERRY, MARGARET F NAME NAME 2596 GREEN CROSSING DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32309 CITY-ST-7IP CITY-ST-7IP Change - Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change [] Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE TITLE ☐ Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in Block 11 in Block 12 in Block 12