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Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90517 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045838

1. Entity Name
WEST BAY BUILDING CORP.

11004059

Principal Place of Business	Mailing Address
15800 BROTHERS DRIVE SUITE 3 FORT MYERS, FL 33912	15800 BROTHERS DRIVE SUITE 3 FORT MYERS, FL 33912

2. Principal Place of Business	3. Mailing Address
15800 Brothers Dr.	15800 Brothers Dr.
Suite, Apt #, etc.: Suite 8	Suite, Apt #, etc.: Suite 8
City & State: Fortmyers, Fl.	City & State: Fortmyers, Fl
Zip: 33912 Country: USA	Zip: 33912 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1103679 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
LAURENCE, BURNES
13800 BROTHERS DR
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent
Name: Laurnce Burnes
Street Address (P.O. Box Number is Not Acceptable): 15800 Brothers Dr. #8
City: Fortmyers FL Zip Code: 33912

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 ______________________________ 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 After May 1, 2003 Fee Will be $550.00. Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BURNES, LAURENCE C 15800 BROTHERS DRIVE FORT MYERS, FL 33912	☐ Delete	Burnes Laurence 15800 brothers Dr #8 PVTSD Fortmyers Fl. 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD LEGAULT, YVES 15800 BROTHERS DRIVE FORT MYERS, FL 33912	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurce [signature] President 4/18/03 239-489-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #