2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000070241

1. Entity Name

WESTPORT CAPITAL MANAGEMENT CORPORATION



Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90095 020 ***150.00 **FILED**

Principal Place of Business 301 YAMATO RD STE. 2200 BOCA RATON FL 33431		Mailing Address 301 YAMATO RD., STE. 2200 BOCA RATON FL 33431			6DD07381					
2. Principal Place of Business		3. Mailing Address			į					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FE! Number 06-1305960				Applied For	
Zip	Country	Zip	Country		5. Certif	icate of Sta	atus Desired		\$8.75 Ac	dditional
	6. Name and Address of Current I	Registered Agent	· T		7. Name	and Add	ess of New	Registered /	· · ·	
			Na	me						
	L, MARK H ATO RD., STE. 2200	Street Address			(P.O. Box Number is Not Acceptable)					
	TON FL 33431		<u> </u>						h-Pu	
			City	y				FL	Zip Cod	de
8. The above the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a			ce or registered	·		he State of F	Florida. I am f	amiliar with	, and accept
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of					Trust Fur	Campaign F	ion.	Adde	00 May Be d to Fees
	OFFICERS AND (11.				IGES TO OF	FICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD かえまりにこれがた。 RZEPEZYŃSKI, MARK 301 YAMATO ROAD, STE 2200 BOCA RATON FL 33431	□ Delete	TITLE NAME STREET ADDR	RESS 301	4~	mato	Neg.	<u> </u>	☐ Change	Addition
TITLE Name Street address City-St-Zip	VPBAAFA, PAUL 301 YAMATO ROAD, STE 2200 BOCA RATON FL 33431	☐ Delete	NAME STREET ADDR	DAU	. Pres	idand hAir	+ 0:4	actor	☐ Change	► Addition
TITLE	TD	Colete -	• TITLE • NAME STREET ADDR CITY-ST-ZIP	ESS			*Cdr sween		☐ Change	☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	SD KOZAK, DAVID M 301 YAMATO ROAD, STE 2200 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS					☐ Change	☐ Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS					Change	☐ Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				-77.11.	- 2002	☐ Change	☐ Addition
2. I hereby c	ertify that the information supplied with t	his filing does not qualify for the	he exemption	stated in Secti	on 119.0	7(3)(i), Flori	ida Statutes	. I further cert	fy that the i	nformation

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:

SINALLY STATES LUTTED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-241-0018

Daytime Phone #