2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000065274

May 19, 2003 8:00 am Secretary of State

04-28-2003 91297 008 ***150.00

WESTERN IMAGING, INC.							ETARVA		
Principal Place of Business 11337 OKEECHOBEE BLVD. SUITE A		Mailing Address 11337 OKEECHOBEE BLVD. SUITE A				550420			
ROYAL PALM	I BEACH FL 3	3411	ROYAL PALM BEACH FL	. 33411					
2. Principal Place of Business			3. Mailing Address			E 18611000 106 OBIUR 31080 OU 114 O DIAN DON	H # 11655 14601 11611 16614 	10019 0001 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 02-06/89		pplied For ot Applicable		
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Agent			7. Name and Address of New Regist	tered Agent		
	IONATHAN	\$ \$		Name		O Car Number is Net Assessable)			
11337 OKEECHOBEE BLVD.				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
ROYAL P.	ALM BEACH	f FL 33411							
				City	City FL Zip Code				
	ations of regist		for the purpose of changing its	s registered office or re	egistered	d agent, or both, in the State of Florida.	I am familiar with	and accept	
SIGNATURE		or printed name of registered ager	at and title if applicable. (NO	E: Registered Agent signature	required w	hen reinstalling)	DATE		
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•		!! FEE IS \$150.00				9 Flection Campaign Financin	. 95 (V) 1101 Po	
Afte	r May 1, 200	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department (9. Election Campaign Financin Trust Fund Contribution.		May Be	
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EQUITERIC BAUMEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-795-5558