2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** FILED WEST BAY INVESTMENTS, INC 03 JAN 24 PM 2: 11 SECRETARY OF STATE Principal Place of Business Mailing Address 12600 S BELCHER RD TALL AHASSEE, FLORIDA 12600 S BELCHER RD. 104 104-LARGO FL 33773 **LARGO FL 33773** 3. Mailing Address 2. Principal Place of Business Suite, Apt # etc Suite, Apt # etc CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3230415 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAKY TANE WINSTON GEIGER, WILLIAM Z 12600 S BELCHER RD 104 **LARGO FL 33773** 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 ager SIGNATURE DATE INOTE 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 Funa Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change TITLE Delete TITLE DON MUNRO DAN NORRIS 3425 FAIRFIELD TRAIL STREET ADDRESS 12610 S. BELLHER Rd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLFARWATER, FL 33761 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Delete TITLE TITLE 6000009994866 NAME NAME \*\*150.00 STREET ADDRESS 01/09/03--01054--020 STREET ADDRESS CITY - ST - ZIP CHTY - ST - ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP Addition ☐ Change Delete TITLE STREET ADDRESS STREET ADDRESS CITY-Si-ZIP CITY-ST ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City - St - ZtP 12. Thereby certify that the information supplied with this filling 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.

YOU MUNTON SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_