

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

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 19 AM 8:00

DOCUMENT # P93000080789



1. Entity Name
WEST BAY Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12600 S. Belcher Rd

3. Mailing Address
SAME

300023365083
03/26/03--01066--026 **\$1.25

DO NOT WRITE IN THIS SPACE

MRD

Suite, Apt. #, etc.
106-B

Suite, Apt. #, etc.

City & State
LARGO, FLORIDA

City & State

4. FEI Number
P93000080789

Applied For
Not Applicable

Zip
33773

Country
USA

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name WILLIAM GEIGER

Street Address (P.O. Box Number is Not Acceptable)
12600 S. BELCHER Rd

106 B

City LARGO

FL Zip Code 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 agent.

SIGNATURE [Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-15-03

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME P. S. WILLIAM GEIGER
STREET ADDRESS 12600 S. Belcher Rd 106-B
CITY-ST-ZIP LARGO, FL 33773

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-15-03

CR2E034B (12/02)