

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90199 005 ***150.00

DOCUMENT # P94000052600

1. Entity Name
WEST DELRAY ESTATES, INC.



Principal Place of Business
**4800 NORTH FEDERAL HIGHWAY
SUITE 202E
BOCA RATON FL 33431
US**

Mailing Address
**4800 NORTH FEDERAL HIGHWAY
SUITE 202E
BOCA RATON FL 33431
US**

2. Principal Place of Business
5801 N. CONGRESS

3. Mailing Address
5801 N. CONGRESS

Suite, Apt. #, etc.
ST 205

Suite, Apt. #, etc.
ST 205

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33487

Country
USA

Zip
33487

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0517580

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SIEMENS, RICHARD
4800 NORTH FEDERAL HIGHWAY
SUITE 202E
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
SIEMENS, RICHARD
Street Address (P.O. Box Number is Not Acceptable)
5801 N. CONGRESS
SUITE 205
City
BOCA RATON FL Zip Code
33487

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEMENS, RICHARD
4800 N FEDERAL HWY, SUITE 202E
BOCA RATON FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEMENS, RICHARD
5801 N. CONGRESS ST 205
BOCA RATON FL 33487** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ Addition

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: **Richard Siemens**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **561-362-9205**
Date Daytime Phone #

0398061 AV

CR2E034 (10/02)