FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Exercise Secretary of State P95000036885 DOCUMENT # 1. Entity Name 04-17-2002 90055 034 ***150.00 WESTBAY LANDCARE, INC. Principal Place of Business Mailing Address 931 E. 129TH AVENUE P.O. BOX 82597 **TAMPA FL 33682** TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3315772 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WESTBAY, RANDALL K Street Address (P.O. Box Number is Not Acceptable) **507 CARRIAGE HILLS TEMPLE TERRACE FL 33617** City Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition President/Treasurer NAME WESTBAY, RANDALL K NAME Westbay, Randall K **507 CARRIAGE HILLS DR** STREET ADDRESS STREET ADDRESS 507 Carriage Hills Dr TEMPLE TERR FL CITY-ST-ZIP CITY-ST-ZIF Temple, Terrace, FL. 33617 Vice President/Secretary Change TITLE ☐ Delete TITLE NAME NAME Westbay, Elaine 507 Carriage Hills Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Temple Terrace, FL. 33617 Delete TÎTLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. OF SIGNING OFFICER OR DIRECTOR DAIS DAIS DAYSTROPHONE # SIGNATURE

13. 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 11 or Block 12 if

CR2E034 (9/01)