

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90010 026 \*\*\*158.75

**DOCUMENT # P96000043564**

1. Entity Name

**WESLEY CHAPEL INVESTMENTS, INC.**

Principal Place of Business

**2764 SUNSET POINT RD.  
SUITE 200  
CLEARWATER FL 33759  
US**

Mailing Address

**2764 SUNSET POINT RD.  
SUITE 200  
CLEARWATER FL 33759  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3380813**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, JAMES A III  
5070 N. HWY A1A  
SUITE 200  
VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BABCOCK, C I III  
~~1804 SOULE RD~~  
CLEARWATER FL 33759**



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2764 SUNSET POINT RD. SUITE 200**



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change

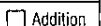


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change

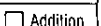


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change

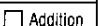


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

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

SIGNATURE:

**C. I. Babcock, III**  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**01/16/2002**  
Date

**791-0600**  
Daytime Phone #

CR2E034 (9/01)