

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

FILED

02 AUG 21 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600007290166--7  
-08/22/02--01064--016  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

DOCUMENT # P96000049717

1. Entity Name

Western Properties, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2018 E 7th Avenue

3. Mailing Address  
2018 E 7th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tampa Florida

City & State  
Tampa Florida

4. FEI Number  
59-3439702

Applied For  
Not Applicable

Zip  
33605

Country  
US

Zip  
33605

Country  
US

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Fernandez, Brenda L

Street Address (P.O. Box Number is Not Acceptable)  
2018 E 7th Avenue

City  
Tampa

FL

Zip Code  
33605

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 is 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) ☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P/S/T/D	Brenda L Fernandez	2018 E 7th Avenue	Tampa FL 33605
V/D	Thomas P. Martino	2018 E 7th Avenue	Tampa FL 33605

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Thomas P. Martino, Vice Pres.

8/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)