2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000042133 **DOCUMENT #**

1. Entity Name

THE WESTLUND GROUP, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90127 014 ***150.00

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								- 1					
Suite, Apt. #, etc. City & State City & St	1689 VALLEY	DRIVE	s	1689	VALLEY DRIVE				1 188/1881 1/8 (8/18 18/1/ 88/1/ 88				
Cay & State City & State of State Desired \$6.0820167 \$8.75 Additional \$6.0820167 \$6.08	2. Principal f	Place of Busin	ness	3. Mai	3. Mailing Address								
Secretary Secret	Suite, Apt	. #, etc.	***************************************	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country	City & Sta	_		City	& State			4.	FEI Number 65-0920167		 		
Name	Zip		Country	Zip		Count	řy	5.	Certificate of Status Desired		8.75 Ad	ditional	
MESTILUND, MARY A 1698 VALLEY DRIVE STEEL ALGRESS P.O. Box Number is Not Acceptable)		6. Name	and Address of C	Current Registere	d Agent			7,	Name and Address of New R	egistered Ag	jent		
1689 VALLEY DRIVE 14292 1679		•					Name						
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the collegations of registered agent and site if applicable. Signature			1		ŀ			Street Address (P.O. Box Number is Not Acceptable)					
B. 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 Symbol													
THE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 THE MAKE STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CIT				· · ·			•				'		
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After May 1, 2003 Fee will be \$550.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME SIRRET ADDRESS CITY-ST-2PP	SIGNATURE	Signature, typed	or printed name of registe	red agent and title if appl	licable. (NOT	É: Registered	Agent signature	required when re	einstating)	DATE			
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	12. Thereby o	ertify that the	information suppli	ed with this filing a	toes not qualify for			in Contine 1	110 07(2)/i) Elevido Ctature	fuethor ***	Ale ea die e	·//	

indicated on this report or suppliemental 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: