

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90108 015 ***150.00

UCR-11-000 AVI

DOCUMENT # **P99000051127**

1. Entity Name
WESTRIDGE MANAGEMENT, INC.



Principal Place of Business
**1153 10TH STREET
SUITE B
CLERMONT FL 34711**

Mailing Address
**505 AVENUE A NW
SUITE 102
WINTER HAVEN FL 33881-4626
OC**



2. Principal Place of Business
22 W. MONUMENT AVE
Suite, Apt. #, etc.
LIFESTYLE SUITE

3. Mailing Address
22 W. MONUMENT AVE
Suite, Apt. #, etc.
LIFESTYLE SUITE

CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE FL

City & State
KISSIMMEE FL

Zip Country
34741 USA

Zip Country
34741 USA

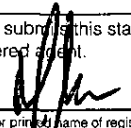
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**ANKER, MICHAEL
GOVONI, HARDING & ASSOCIATES
505 AVENUE A NW, SUITE 102
WINTER HAVEN FL 33881-4626**

7. Name and Address of New Registered Agent
Name
MICHAEL ANKER
Street Address (P.O. Box Number is Not Acceptable)
**22 WEST MONUMENT AVENUE
LIFESTYLE SUITE**
City
KISSIMMEE FL Zip Code
34741

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  **MICHAEL A. ANKER** DATE **14 MARCH 2003**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANKER, MICHAEL MAYFLOWER HOUSE LANGHAM RUTLAND, LE157HZ UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANKER, DEBORAH MAYFLOWER HOUSE LANGHAM RUTLAND, LE157HZ UK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE MICHAEL A. ANKER** DATE **03/14/2003** DAYTIME PHONE # **407-343-0687**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)