


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90977 001 ***150.00

DOCUMENT # P99000072020	
1. Entity Name Westside Ts of Gainesville, Inc. DBA Westside T-shirt	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4445 SW 35th Ter		3. Mailing Address 4445 SW 35th Ter	
Suite, Apt. #, etc. 410		Suite, Apt. #, etc. 410	
City & State Gainesville, FL		City & State Gainesville, FL	
Zip 32608	Country United States of America	Zip 32608	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2186370		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Wilton L White	
	Street Address (P.O. Box Number is Not Acceptable) 625 N.W. Flagler Drive 9th Floor	
	City West Palm Beach	Zip Code FL 33401

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 _____ (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
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	P Michael H. Baldwin 4445 SW 35th Ter 410 Gainesville, FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Denise H. Baldwin 4445 SW 35th Ter 410 Gainesville, FL 32608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Denise H. Baldwin **Denise H. Baldwin** **4/4/03** **352 375 4263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)