

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078375

1. Entity Name

WESBRY-AUSBAY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90022 027 ***150.00

Principal Place of Business

Mailing Address

401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950-1530

2. Principal Place of Business

715 17th Street

Suite, Apt. #, etc.

3. Mailing Address

715 17th Street

Suite, Apt. #, etc.

City & State
Vero Beach, FL 32960

City & State
Vero Beach, FL 32960

4. FEI Number
65-0945225

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEE, FRANK H III
401 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME FEE, FRANK H III
STREET ADDRESS 401 SOUTH INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DP ☐ Change ☒ Addition
NAME DEAN EARL
STREET ADDRESS 715 17th Street
CITY-ST-ZIP Vero Beach, FL 32960

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Change ☒ Addition
NAME C. R. Lait
STREET ADDRESS 36 Sovereign Way
CITY-ST-ZIP Fort Pierce, FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dean W Earl

DEAN EARL, Prseident 4/12/00 561-569-4822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)