

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90055 040 ***150.00

DOCUMENT # S00489

1. Entity Name

WESTBAY SERVICES, INC.

Principal Place of Business

**931 E. 129TH AVE.
P. O. BOX 280357
TAMPA FL 33682
US**

Mailing Address

**P.O. BOX 280357
P. O. BOX 280357
TAMPA FL 33612
US**

2. Principal Place of Business

931 E 129th Ave
Suite, Apt. #, etc.

3. Mailing Address

P O Box 280357
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip
33612

Country
Hillsboro

Zip
33682

Country
Hillsboro

4. FEI Number

59-3028182

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WESTBAY, RANDALL
507 CARRIAGE HILLS DR
TEMPLE TERRACE FL 33617**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **PD** ☐ Delete
NAME **WESTBAY, RANDALL**
STREET ADDRESS **507 CARRIAGE HILLS DR**
CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Treasurer** ☒ Change ☐ Addition
NAME **Westbay, Randall**
STREET ADDRESS **507 Carriage Hills Dr**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE **Vice President/Secretary** ☐ Change ☒ Addition
NAME **Westbay, Elaine**
STREET ADDRESS **507 Carriage Hills Dr**
CITY-ST-ZIP **Temple Terrace, FL 33617**

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

TITLE ☐ Change ☐ Addition
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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:

Randall Westbay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randall Westbay 4-5-02

813 977-1207
Date Daytime Phone #

CR2E034 (9/01)