

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90060 042 ***150.00

US5/247

DOCUMENT # S76264

1. Entity Name
WESTLANDS CORPORATION

Principal Place of Business 8701 FOURTH ST NORTH SUITE 303 ST PETERSBURG FL 33702 US	Mailing Address 8701 FOURTH STREET NORTH SUITE 303 ST PETERSBURG FL 33702 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3081197**

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

**COWEN, DIANA R.
 8701 FOURTH STREET NORTH
 #303
 ST PETERSBURG FL 33702**

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

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	COWEN, DIANA R		
8701 FOURTH STREET NORTH #303	8701 FOURTH STREET NORTH #303		
ST PETERSBURG FL 33702	ST PETERSBURG FL 33702		
D	GREGORIS, CONSTANTINE J		
8701 FOURTH STREET NORTH, #303	8701 FOURTH STREET NORTH, #303		
ST PETERSBURG FL 33702	ST PETERSBURG FL 33702		

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: *[Signature]* **DIANA R COWEN**

Date **4/25/01** Daytime Phone # **7275782277**

CR2E034 (10/00)