

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90021 047 \*\*\*550.00

871154



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V37637**

1. Entity Name  
**WEST BAY, INC.**

Principal Place of Business  
**1037 FIFTH AVENUE NORTH**  
**NAPLES FL 33940**

Mailing Address  
**1037 FIFTH AVENUE NORTH**  
**NAPLES FL 33940**

2. Principal Place of Business  
**5147 CASTELLO DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5147 CASTELLO DR**  
 Suite, Apt. #, etc.

City & State  
**NAPLES, FL**  
 Zip  
**34103**  
 Country  
**USA**

City & State  
**NAPLES, FL**  
 Zip  
**34103**  
 Country  
**USA**

4. FEI Number **58-2002568**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HARMON, HOLLY A.**  
**4501 TAMiami TRAIL NORTH**  
**SUITE 202**  
**NAPLES FL 33940**

**7. Name and Address of New Registered Agent**

Name  
**PETER L. GIRARDIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5147 CASTELLO DR**  
 City  
**NAPLES** **FL** Zip Code  
**34103**

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 *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/5/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**PTSD** ☒ Delete  
 NAME  
**COUNCILOR, CAVIN R.**  
 STREET ADDRESS  
**1037 FIFTH AVE N**  
 CITY-ST-ZIP  
**NAPLES FL**

TITLE  
**CD** ☒ Delete  
 NAME  
**COUNCILOR ED**  
 STREET ADDRESS  
**1037 FIFTH AVE N**  
 CITY-ST-ZIP  
**NAPLES FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**PRESIDENT** ☐ Change ☒ Addition  
 NAME  
**PETER L. GIRARDIN**  
 STREET ADDRESS  
**5147 CASTELLO DR**  
 CITY-ST-ZIP  
**NAPLES, FL 34103**

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

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

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

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

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

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 line empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/5/02**

**239 262-8686**

CR2E034 (4/02)