

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90005 023 ***150.00

DOCUMENT # P01000116454

1. Entity Name
WEST COAST HANGARS, INC.

Principal Place of Business

C/O DAVID G. BUDD
3033 RIVIERA DRIVE
NAPLES FL 34103

Mailing Address

C/O DAVID G. BUDD
3033 RIVIERA DRIVE
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0567088

Applied For

Not Applicable

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

BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 34103

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D	BUDD, DAVID G	3033 RIVIERA DRIVE #201	
		NAPLES FL 34103		

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	PTD	Sheldon W. Starman	4099 Tamiami Trail North, Suite 400		
		Naples, FL 34103			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

(941) 263-7700

Date

Daytime Phone #

DAVID G. BUDD VICE PRESIDENT

CR2E034 (9/01)