


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90947 020 ***150.00

DOCUMENT # P93000040637					
1. Entity Name WEST COAST WAREHOUSING, INC.					
Principal Place of Business 2070 RINGLING BLVD SARASOTA FL 34237			Mailing Address 2070 RINGLING BLVD SARASOTA FL 34237		
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 65-0420172	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NELSON, RICHARD E. PEAL, GARY W. 2070 RINGLING BLVD SARASOTA FL 34237			7. Name and Address of New Registered Agent Name GARY W. PEAL Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BLVD. City SARASOTA FL Zip Code 34237		
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 <i>GARY W. PEAL</i> (NOTE: Registered Agent signature required when reinstating) DATE 2-21-03					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PT	<input type="checkbox"/> Delete			
NAME	GAMBLE, ROBERT L.				
STREET ADDRESS	2070 RINGLING BLVD				
CITY-ST-ZIP	SARASOTA FL				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	NELSON, RICHARD E.				
STREET ADDRESS	2070 RINGLING BLVD				
CITY-ST-ZIP	SARASOTA FL				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	RICHARD E. NELSON				
STREET ADDRESS	DECEASED - REMOVE				
CITY-ST-ZIP	SECY.				
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	JANE B. NELSON				
STREET ADDRESS	2070 RINGLING				
CITY-ST-ZIP	SARASOTA, FL 34237 SECY + V.P.				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Gamble*
ROBERT L. GAMBLE, PRES.

Date _____ Daytime Phone # _____

CR2E034 (10/02)