

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 262042

1. Entity Name

WEST COAST STEEL ERECTORS, INC.

Principal Place of Business

19273 BLOUNT RD
LUTZ FL 33549
US

Mailing Address

PO BOX 16578
TAMPA FLA 33687-6578
US

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

59-0976837

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANSEL, EDWARD L.
19273 BLOUNT ROAD
LUTZ FL 33549

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, 2000 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
NAME STANSEL, EDWARD L.
STREET ADDRESS 19273 BLOUNT ROAD
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE VDS
NAME NORRIS, BETTY JO
STREET ADDRESS 5501 PURITAN ROAD
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME KELLY, RONALD
STREET ADDRESS 1211 LAKE CHARLES CIR
CITY-ST-ZIP LUTZ FL ☐ Delete

TITLE D
NAME STANSEL, DENNIS EDWARD
STREET ADDRESS 4716 PRESIDENTIAL ST
CITY-ST-ZIP SEFFNER FL ☐ Delete

TITLE ☐ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

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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:

Edward L. Stansel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



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