

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90130 009 ***158.75

DOCUMENT # F02000001118

1. Entity Name
WEST COAST INVESTMENT ADVISORS, INC.



Principal Place of Business

~~2847 N. LAKEVIEW~~
~~LUCINGTON MI 49431~~

Mailing Address

3510 LITTLE COUNTRY RD
PARRISH FL 34219

*3510 Little Country Rd.
Parrish, FL 34219*

2. Principal Place of Business

3510 Little Country Rd.

3. Mailing Address

3510 Little Country Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Parrish, FL

City & State

Parrish, FL

4. FEI Number **38-3150181**

Applied For
Not Applicable

Zip
34219

Country
USA

Zip
34219

Country
USA

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

6. Name and Address of Current Registered Agent

CARMOUCHE, GREG
3510 LITTLE COUNTRY RD
PARRISH FL 34219

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. 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

4-11-03

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCTD** ☐ Delete
NAME **CARMOUCHE, GREG**
STREET ADDRESS **3510 LITTLE COUNTRY RD**
CITY-ST-ZIP **PARRISH FL**

TITLE **VS** ☐ Delete
NAME **CARMOUCHE, LUCILLE**
STREET ADDRESS **3510 LITTLE COUNTRY RD**
CITY-ST-ZIP **PARRISH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-03 941-776-1723

0550443 AV