

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90375 025 ***150.00

DOCUMENT # F56488

1. Entity Name

CCT West Coast, Inc

Principal Place of Business

Mailing Address

CCT West Coast, Inc
 14433 County Line Rd
 Spring Hill FL 34604

14433 County Line Rd
 Spring Hill FL 34604

2. Principal Place of Business

3. Mailing Address

14433 County Line Rd

14433 County Line Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill FL

Spring Hill FL

Zip

Country

Zip

Country

34604-6627 USA

34604-6627 USA

4. FEI Number

Applied For

59-2140381

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

Culbertson, Edward T.
 4141 Central Ave
 St. Petersburg FL 33713

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, 2001 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		<input type="checkbox"/> Delete
NAME	D/P Fyock, Frank N, Jr	
STREET ADDRESS	14437 County Line Rd	
CITY-ST-ZIP	Spring Hill FL 34604	
TITLE		<input type="checkbox"/> Delete
NAME	D/S Fyock, Sherrilyn C.	
STREET ADDRESS	14437 County Line Rd	
CITY-ST-ZIP	Spring Hill FL 34604	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sherrilyn C Fyock / Sherrilyn C Fyock 5-15-01 352-796-1374
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00055926

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)