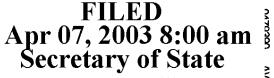
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # (1. Entity Name | | | | | |
|-----------------------------|-------------------------|--|--|--|--|
| WEST COAST MARCITE, IN | E, INC. | | | | |
| Principal Place of Business | Mailing Address | | | | |
| 5363-102ND ST N. | 5363-102ND ST N. | | | | |
| ST. PETERSBURG FL 33708 | ST. PETERSBURG FL 33708 | | | | |

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04-07-2003 90990 033 ***150.00

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| 2. Principal Place of Business | | 3. Ma | 3. Mailing Address | | | | | 11 51 315 11 | | 4 6 1 5 | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | te, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | | | | |
| City & State City & State | | | | | 50-2353634 | | | | | | | | |
| Zip | | Country | Zip Countr | | | ry | 5 . C | Certificate of Status Desired | \$9.75 Addition | | | | |
| | 6. Name | and Address of Curre | nt Register | ed Agent | | | 7. N | lame and Address of New Re | gistere | d Agent | | | |
| | | | | - | | Name | Name To the second of the seco | | | | | | |
| HART, PH | ILLIP W | | • | | | <u> </u> | | | | | | | |
| 5363 102N | | | | | | Street Add | ress (P.O. Bo | ox Number is Not Acceptable) | l | | | | |
| | | 20722 | | • | • | | | | | | | | |
| SI. PEIEF | rsburg fl | 33708 | | | | | | | | | ! | | |
| ₹ | | | | | | City | | | F | Zip Cod | Applied For Not Applicable 8.75 Additional se Required set set lent Zip Code miliar with, and accept \$5.00 May Be Added to Fees DIRECTORS IN 11 Change Addition | | |
| | | | t for the purp | oose of changing its | egistere | d office or re | gistered age | ent, or both, in the State of Flor | ida. Lar | n familiar with, | and accept | | |
| the Pligat | tions of regist | ered agent. | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| SIGNATURE . | Signature, typed | or printed name of registered ag | ent and title if ap | plicable. (NOTE | Registered | Agent signature i | required when rei | instating) | DATE | | - | | |
| · · · · | | | | 1 | • | | - | <u>.</u> | | | | | |
| | | ! FEE IS \$150.00 | | | | | | 9. Election Campaign Fina | ancing | \$5.0 | ∩ May Re | | |
| | | 3 Fee will be \$550.0 | | 1 | | | | Trust Fund Contribution | ١. | | | | |
| wake Check | K Payable to | Florida Department | | | | | | | | | | | |
| 10. | 1 | OFFICERS AN | ND DIRECTO | ORS | 11. | | ADI | DITIONS/CHANGES TO OFFI | CERS AN | ID DIRECTORS | S IN 11 | | |
| TITLE | ST | | | ☐ Delete | TITLE | | | | | Change | Addition | | |
| NAME | HART, MAI | | | | NAME | | | | | | | | |
| STREET ADDRESS | 5363-102N | | | | STREE | T ADDRESS | | | | | İ | | |
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| AME | HART, PHII | LLIP WAYNE | | | NAME | | | | | | İ | | |
| STREET ADDRESS | 5363 102 5 | | | | STREE | T ADDRESS | | | | | İ | | |
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| NAME | , | | چېسىد. س | | NAME | · + · - =. | · ···································· | | مته مته | | 7- | | |
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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:

127-391-5418