

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90624 045 ***150.00

659656

DO NOT WRITE IN THIS SPACE

DOCUMENT # **H53086**
 1. Entity Name
West Coast Plumbing & Gas, Inc.

Principal Place of Business Mailing Address
518 66th St. NORTH **518 66th St. NORTH**
PALMHARBOR, FL. **PALMHARBOR, FL.**
34684 **34684**

2. Principal Place of Business 3. Mailing Address
518 66th St. NORTH **518 66th St. NORTH**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
None *None*

City & State City & State
PALMHARBOR FL **PALMHARBOR, FL**
 Zip Country Zip Country
34684 *Pinellas* **34684** *Pinellas*

4. FEI Number Applied For
59-2522648 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RICKI MEICHNER
518 66th St. NORTH
PALMHARBOR, FL 34684

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 *Ricki M. Mechner* DATE **4-28-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CHARLES P. EICHNER <i>VP</i>
NAME	CHARLES P. EICHNER
STREET ADDRESS	518 66th St NORTH
CITY-ST-ZIP	PALMHARBOR, FL. 34684
TITLE	RICKI MEICHNER <i>President</i>
NAME	RICKI MEICHNER
STREET ADDRESS	518 66th St. NORTH
CITY-ST-ZIP	PALMHARBOR, FL 34684
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ricki M. Mechner* Date **4-28-2001** Daytime Phone # **727-784-7988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)