2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90073 040 ***158.75

DOCUMENT # H94032

1. Entity Name
West Coast Rental Properties, Inc

Principal Place of Business
8345 Congress St.
Port Richey, FL 34668

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite Apt. # etc.
City & State
Zip
Country

3. Mailing Address
8345 Congress Street
Suite Apt. # etc.
City & State
Port Richey, FL
Zip
34668
Country
USA

4. FEI Number
59-2631534
Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Fred L Turner
8345 Congress Street
Port Richey, FL 34668

7. Name and Address of New Registered Agent

Name: Tax-Ticians, Inc
Street Address (P.O. Box Number is Not Acceptable): 6441 Woodland Lane
City: New Port Richey FL Zip Code: 34653

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: Kelly L Drew, Kelly Drew, Tax-Ticians, Inc 4-30-00
(If changing registered agent, registered agent must sign) (Registered Agent signature required when changing) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Easmunt, Gary 8345 Congress Street Port Richey FL 34668	☐ Delete		☐ Change ☐ Add/Or
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Williams, Deborah 8345 Congress Street Port Richey FL 34668	☐ Delete		☐ Change ☐ Add/Or
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Balay, James 8345 Congress Street Port Richey, FL 34668	☐ Delete		☐ Change ☐ Add/Or
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add/Or
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add/Or
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add/Or

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: Gary Easmunt Gary Easmunt 4-30-00 (727) 846-7271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #