

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended

DOCUMENT # H94032

1. Entity Name
West Coast Rental Properties, Inc

02 JUL 12 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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*****61.25 *****61.25

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2. Principal Place of Business
8345 Congress St
Suite, Apt. #, etc.

3. Mailing Address
5408 St James Dr
Suite, Apt. #, etc.

City & State
Port Richey, FL
Zip
34668
Country
USA

City & State
New Port Richey, FL
Zip
34652
Country
USA

4. FEI Number
59-2631534
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Kelly Drew
Street Address (P.O. Box Number is Not Acceptable)
5408 St James Dr
City
New Port Richey FL Zip Code
34652

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 L Drew 6-28-02
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/Sec
Gary Easmunt
5008 Deer Lodge Rd
New Port Richey, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D/Treas
Deborah Williams
5008 Deer Lodge Rd
New Port Richey, FL 34655

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary Easmunt* President Gary Easmunt 6/28/02 (727) 376-3121
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

7/5 7/12/02