

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90020 035 ***150.00

SECRETARY

DOCUMENT # K28285

1. Entity Name
FLORIDA WEST COAST REALTY, INC.

Principal Place of Business Mailing Address
3220 TOWHEE ST **3220 TOWHEE ST**
ENGLEWOOD FL 34224. **ENGLEWOOD FL 34224**

2. Principal Place of Business 3. Mailing Address
1499 S. McCall Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite C
 City & State City & State
Englewood FL
 Zip Zip Country Country
34223 *FL*
6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0062551** Applied For
 Not Applicable

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

LEACH, WANDA J
 1499 SOUTH MCCALL RD
 SUITE C
 ENGLEWOOD FL 34223

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 *Wanda J. Leach*
 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, 2002 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	<i>owner</i> <input type="checkbox"/> Delete LEACH, WANDA J 1499 SOUTH MCCALL RD SUITE C ENGLEWOOD FL 34223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rodger L. Leach 1499 S. McCall Rd Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rodger L. Leach* 3/25/2002 941-474-7171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)