


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90237 043 \*\*\*150.00

**DOCUMENT # K35521**

1. Entity Name  
**PACIFIC COAST HOMES, INC.**



Principal Place of Business  
**2700 N MACDILL AVE  
P.O. BOX 4118  
TAMPA FL 33677**

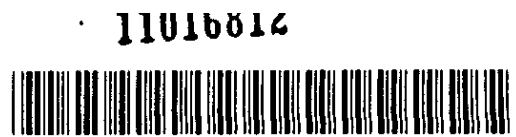
Mailing Address  
**2700 N MACDILL AVE  
P.O. BOX 4118  
TAMPA FL 33677**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-3026136** Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**FERNANDEZ, MAYNARD  
2700 N. MAC DILL AVE.  
TAMPA FL 33607**

7. Name and Address of New Registered Agent  
Name **JOHN FERNANDEZ**  
Street Address (P.O. Box Number is Not Acceptable) **2700 N. MAC DILL AV. #115**  
City **TAMPA** FL Zip Code **33607**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JOHN FERNANDEZ PRES.** DATE **4-16-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERNANDEZ, MAYNARD</b>		NAME	
STREET ADDRESS <b>2700 N. MAC DILL AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LLANES, ANTHONY</b>		NAME	
STREET ADDRESS <b>2711 N. MACDILL AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOHN FERNANDEZ</b>		NAME <b>JOHN FERNANDEZ</b>	
STREET ADDRESS <b>2700 N MAC DILL AV. #115</b>		STREET ADDRESS <b>2700 N. MAC DILL AV. #115</b>	
CITY-ST-ZIP <b>TAMPA, FL. 33607</b>		CITY-ST-ZIP <b>TAMPA, FL. 33607</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>V.P.D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Y.C. FERNANDEZ SR.</b>	
STREET ADDRESS		STREET ADDRESS <b>2700 N. MACDILL AV. #115</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>TAMPA, FL. 33607</b>	
TITLE	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>Y.C. FERNANDEZ SR.</b>	
STREET ADDRESS		STREET ADDRESS <b>2700 N. MACDILL AV. #115</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>TAMPA, FL. 33607</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE:  **JOHN FERNANDEZ** DATE **4-16-03** DAYTIME PHONE # **813-877-9339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)