

7/30

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-30-2002 90381 046 ****55.00

DOCUMENT # L01000000297

1. Entity Name

WESTCOAST CADD, LLC ✓

Principal Place of Business

373 INTERSTATE BLVD.
SARASOTA FL 34240

Mailing Address

373 INTERSTATE BLVD.
SARASOTA FL 34240

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1072320

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREETS, WILLIAM
373 INTERSTATE BLVD.
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

KATHRYN G STREETS

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGR STREETS, WILLIAM PRESIDENT <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3323 SALEM AVE. 759 STONECREST DR SARASOTA FL 34232 SARASOTA, FL 34232

TITLE NAME	MGR RHODES, RALPH VICE-PRESIDENT <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2656 MONTEREY ST. SARASOTA FL 34231

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE NAME	FINANCIAL OFFICER KATHRYN G STREETS 759 STONECREST DR. 84232 SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WILLIAM STREETS

Date

7/26/02

Daytime Phone #

9413714699

CR2E083 (4/02)