

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007739

1. Entity Name

WEST COAST HOME IMPROVEMENT, LLC

Principal Place of Business
4692 SPRING CREEK ROAD
BONITA SPRINGS FL 34134

Mailing Address
4692 SPRING CREEK ROAD
BONITA SPRINGS FL 34134

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

59-3719773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURTON, MARK
4692 SPRING CREEK ROAD
BONITA SPRINGS FL 34134

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

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARK BURTON
4692 SPRING CREEK ROAD
BONITA SPRINGS, FL 34134
PRESIDENT - OWNER ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MARK BURTON 2/15/02 (941) 498-2347

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-26-2002 90012 008 ****50.00



DO NOT WRITE IN THIS SPACE

CFR2083 (9/01)

Attachment
18540
#L0100000773

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

0716932706

Your Telephone Number Best Time to Call
() -

DATE OF THIS NOTICE: 05-25-2001
EMPLOYER IDENTIFICATION NUMBER: 59-3719773
FORM: SS-4

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

WEST COAST HOME IMPROVEMENTS LLC
4692 SPRING CREEK RD
BONITA SPRINGS FL 34134