2002 Uniform Business Report (UBR)

Apr 03, 2002 8:00 am \$ Secretary of State L97132 DOCUMENT # 1. Entity Name WEST COAST SALES INC. Principal Place of Business Mailing Address 11350 E COLONIAL DRIVE 11350 E COLONIAL DRIVE ORLANDO FL 32817 ORLANDO FL 32817 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0220652 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT R. SACKMAN Street Address (P.O. Box Number is Not Acceptable) 11350 E COLONIAL DRIVE ORLANDO FL 32817 Zip Code City FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SACKMAN, SCOTT R. NAME NAME STREET ADDRESS STREET ADDRESS 11350 E COLONIAL DRIVE CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32817 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SACKMAN, SCOTT R. STREET ADDRESS STREET ADDRESS 11350 E COLONIAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME SACKMAN, LESLIE STREET ADDRESS 11350 E COLONIAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 1 with an order so, with all citize like employed.

SIGNATURE:

changed, or on an attachment with an