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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400003934

WEST COAST HOLDINGS, INC.

FILED Aug 01, 2002 8:00 am Secretary of State 08-01-2002 90168 006 ****61.25

Principal Pla	ace of Busines	25	Mailie	ng Addross									
Principal Place of Business 6363 9TH AVE N ST PETERSBURG FL 33710		6363 9	Mailing Address 6363 9TH AVE N ST PETERSBURG FL 33710										
Principal Place of Business 3. Mailing Address													
Suite, Apt. #, etc.			Si	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			Ci	City & State				4. FEI Number					٦
Zip Country			Zip Cou			untry		NOT APPLICABLE 5. Certificate of Status Desired \$8			8.75 Ad	ot Applicable	9
	6 N					,				F	ee Require	ed .	╛
	6. Name	and Address of Current	Registere	ed Agent		- Name-		7. Name and A	dress of New R	egistered A	gent		
. ~		44-0-12 22 - 1				- Name-		. ، حسب	" =	-			1
	IOSEPH A NTRAL AVE					Street A	Address (F	P.O. Box Number i	s Not Acceptable)			
	RSBURG FL	33711											
						City				FL	Zip Cod	le	7
8. The abov	e named entit	y submits this statement for	or the purp	ose of changing its	registere	L. ed office o	r registere	ed agent, or both,	in the State of Flo		I miliar with.	and accept	
SIGNATURE		or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	d Agent signal	ure required	when reinstating)		DATE			
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After September 13, 2002, min. will be \$236.25.			- 1	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make Check Payable to Department of State					- 1
								\$5.00 May Be Added to Fees					
10.			RECTORS				□ .	Added to Fees	D	epartmen	t of State	•	
ь	min. wii	OFFICERS AND DI	RECTORS		ontributi	ion.	^ D.VI	Added to Fees DDITIONS/CHANGO	DO GES TO OFFICER	epartmen	t of State	1 10	160
10. TITLE NAME	min. wil	OFFICERS AND DII	RECTORS	Trust Fund C	ontributi	ion.	D,VF	Added to Fees DDITIONS/CHANGO Zabeth M.~1	Deptula	epartmen	t of State	•	(4/03)
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12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: