

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90100 033 \*\*\*\*61.25

**DOCUMENT # N98000000074**

1. Entity Name

**WEST COAST BUSINESS PROFESSIONALS, INC.**

Principal Place of Business

4708 W ANITA BLVD  
TAMPA FL 33611-1118

Mailing Address

4708 W ANITA BLVD  
TAMPA FL 33611-1118

2. Principal Place of Business

3. Mailing Address

P.O. Box 20932

P.O. Box 20932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33622-0932

Country

Zip

33622-0932

Country

4. FEI Number

59-3488614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILEY, STEVEN P ESQ.  
RILEY & ASSOCIATES, P.A.  
4805 W LAUREL ST., SUITE 230  
TAMPA FL 33607

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO TREASURER BOARD DIRECTOR <input type="checkbox"/> Delete <b>CHG</b> POWELL, ROBIN JOLLIE 4708 W ANITA BOULEVARD PO BOX 25121 TAMPA FL 33611-1118 33622-5121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete SIEGEL, KAREN M 4011 FONTANA PLACE VALRICO FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PERRI, SHERRY 5103 ELBERON STREET TAMPA FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete ELLINGTON, PATRICIA 2912 BEAGLE PLACE SEFFNER FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete ARGERIOUS, CINDY 4253 W KENNEDY BLVD TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete WATSON, LYN A 10725 AYRSHIRE DR TAMPA FL 33626

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAURIE OHALL 3315 Manor Cove Circle Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition YVONNE PARDIEU 6302 BENJAMIN RD. SUITE 407 TAMPA FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANGYE SMITS WHITAKER 9108 SHADOW POND COURT ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA CORTEZ 1 KEY CAPRI, 112W TREASURE ISLAND, FL 33700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHERRI SINGLETON 1000 W. HORATIO ST. #212 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIANNE LOWDEN 8908 N. WILLOW AVE. TAMPA FL 33604

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 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**3/6/01**

Date 813-250-6252 Daytime Phone #

CR2E037 (10/00)