

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90017 047 ****61.25

DOCUMENT # N98000000074

1. Entity Name

WEST COAST BUSINESS PROFESSIONALS, INC.



Principal Place of Business

PO 20932
TAMPA FL 33622-0932

Mailing Address

PO 20932
TAMPA FL 33622-0932

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

59-3488614

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

LAURIE E. OHALL, ESQ.
1409 SWANN AVE
TAMPA FL 33606

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. 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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CORTEZ, LINDA
STREET ADDRESS 1116 CANE MILL LANE
CITY-ST-ZIP BRADENTON FL 34212

TITLE VD ☐ Delete
NAME MASSINEILL, VALERIE
STREET ADDRESS 711 N. SHERRILL STREET
CITY-ST-ZIP TAMPA FL 33609

TITLE SD ☒ Delete
NAME VILARI, MARY J
STREET ADDRESS 429 LOCH VILARI
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete
NAME SCHICHER, MONKA
STREET ADDRESS 3215 W ROGERS AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE ☐ Delete
NAME COTTON, JOYCE
STREET ADDRESS 1300 N. BLVD
CITY-ST-ZIP TAMPA FL 33607

TITLE ☒ Delete
NAME PARDIEU, YVONNE
STREET ADDRESS 6302 BENJAMIN RD 407
CITY-ST-ZIP TAMPA FL 33634

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME DANA-HOLMES JENKINS
STREET ADDRESS 3621 CYPRESS MEADOWS RD.
CITY-ST-ZIP TAMPA FL 33624

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

TITLE S ☐ Change ☒ Addition
NAME BEVERLY WHITE
STREET ADDRESS 1217 PONCE DE LEON BLVD.
CITY-ST-ZIP CLEARWATER FL 33756

TITLE V ☒ Change ☐ Addition
NAME MONIKA SCHILCHER
STREET ADDRESS
CITY-ST-ZIP

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

TITLE T ☐ Change ☒ Addition
NAME GRETCHEN FIERY
STREET ADDRESS 1311 N. WESTSHORE BLVD, SUITE 112
CITY-ST-ZIP TAMPA FL 33607-4611

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: *Gretchen L. Fiery* **GRETCHEN L. FIERY** 6 Feb 2004 813.287.2811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #