NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90233 021 ****61.25

DOCUMENT # N98000000074

1. Entity Name
WEST COAST BUSINESS PROFESSIONALS, INC.

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11U1000JU

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: Hillsborough	Zip: 33622-0932 Country: Hillsborough

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4. FEI Number: 59-3488614 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: LAURIE E. OHALL, ESQ.
Street Address (P.O. Box Number is Not Accepted): 1409 Swann Avenue
City: TAMPA FL Zip Code: 33606

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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: Address change only — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT/DIRECTOR
NAME	LINDA CORTEZ
STREET ADDRESS	1116 Cane Mill LANE
CITY-ST-ZIP	Bradenton, FL 34212
TITLE	Vice PRESIDENT OF MEMBERSHIP/DIRECTOR
NAME	VALERIE MASSINGILL
STREET ADDRESS	711 N. SHERRILL STREET
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	SECRETARY/DIRECTOR
NAME	MARY JANE VICARI
STREET ADDRESS	429 LOCH DEVON
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	TREASURER
NAME	MONIKA SCHILCHER
STREET ADDRESS	3215 W. Rogers Avenue
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VICEPRESIDENT OF PROGRAMS
NAME	Joyce Cotton
STREET ADDRESS	1300 N. Blvd.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	DIRECTOR
NAME	YVONNE PARDIEU
STREET ADDRESS	6302 Benjamin Road #407
CITY-ST-ZIP	TAMPA, FL 33634

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LINDA CORTEZ PRESIDENT/DIRECTOR 4/22/03 727-460-8871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #