## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P0000053535 1. Entity Name WEST COAST REAL ESTATE MANAGEMENT GROUP, INC. 05-01-2001 90107 049 \*\*\*150.00 Principal Place of Business Mailing Address 46 NORTH WASHINGTON BLVD., #1 46 NORTH WASHINGTON BLVD.. #1 SARASOTA FL 34236 SARASOTA FL 34236 3975 Benlin Br. 2. Principal Place of Business 3. Mailing Address 6111 B CLARK CENTER ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State SARASOTA, FLORIDA 65-1041326 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 3423**X**3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, JOHN Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD., #1 SARASOTA FL 34236 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. XXddition D,P,T☐ Change Delete TITLE TITLE CHAMBERLAIN, FRED C. 3975 Bealin Da. NAME NAME 6111 B CLARK-CENTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, <u>FLORIDA 3423#</u>/ CITY-ST-ZIP Change VP,S ☐ Delete TITLE TITLE SMITH, KRISTIE BRANDON 3975 Gentin On. NAME NAME 6111-B CLARK CENTER-ROAD STREET ADDRESS STREET ADDRESS SARASOTA, FLORIDA 3423*8.3* CITY-ST-ZIP CITY~ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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-ZIP 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 his that it as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with all other like empowered.

(941)926-8876

FRED C. CHAMBERLAIN, President

SIGNATURE:

Daytime Phone #