

2001 UNIFORM BUSINESS REPORT (UBR)

0094864 AV

DOCUMENT # P00000080696

1. Entity Name
WEST COAST VENTURES INC

Principal Place of Business
5611 SOUTHWEST 14TH AVENUE
CAPE CORAL FL 33914

Mailing Address
5611 SOUTHWEST 14TH AVENUE
CAPE CORAL FL 33914

FILED

02 JAN -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1037563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

7

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Jerry Clawson

Street Address (P.O. Box Number is Not Acceptable)

5611 SW 14th AV

City

Cape Coral

FL

Zip Code

33914

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

Jerry Clawson

12/31/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLAWSON, JERRY
5611 SOUTHWEST 14TH AVENUE
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 01

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLAWSON, DONNA
5611 SOUTHWEST 14TH AVENUE
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000004849790--3
-01/31/02--01004--031
****758.75--****758.75

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry Clawson

12/31/01

549-4075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)