

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107336

1. Entity Name
WEST COAST NET, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90015 029 ***150.00

Principal Place of Business
3712 COUNTRY CLUB BLVD.
CAPE CORAL FL 33904

Mailing Address
3712 COUNTRY CLUB BLVD.
CAPE CORAL FL 33904

646278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
930 S.E. 9TH LANE

3. Mailing Address
930 S.E. 9TH LANE

Suite, Apt. #, etc.
UNIT #5

Suite, Apt. #, etc.
UNIT #5

City & State
CAPE CORAL, FL.

City & State
CAPE CORAL, FL.

4. FEI Number
65-1056403

Applied For
Not Applicable

Zip
33990

Country
USA

Zip
33990

Country
USA

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

FERNANDEZ, ALBERTO
3712 COUNTRY CLUB BLVD.
CAPE CORAL FL 33904

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 (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<input type="checkbox"/> Delete
	D FERNANDEZ, ALBERT	3712 COUNTRY CLUB BLVD.	CAPE CORAL FL 33904	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01 941-523-1175
Date Daytime Phone #

CR2E034 (10/00)