

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000063742

FILED
Mar 14, 2002 8:00 AM
Secretary of State

Entity Name: WEST COAST CELLULAR ACCESSORIES INC.

Current Principal Place of Business:

P O BOX 2514
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

P O BOX 2514
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3727745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARCI, JAMES E
8090 GREENBRIER CT
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

FRANKEL, MICHAEL A
P.O. BOX 2514
TARPON SPRINGS, FL 34688 US

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: MICHAEL A FRANKEL

03/14/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: FRANKEL, LORI A
Address: P.O. BOX 2514
City-St-Zip: TARPON SPRINGS, FL 34688 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI A FRANKEL

PRES

03/14/2002

Electronic Signature of Signing Officer or Director

Date