

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90440 009 ***158.75

DOCUMENT # PD1000089392
1. Entity Name
West Coast Plumbing and Irrigation Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
944 Country Club Blvd
Suite, Apt. #, etc.
205

3. Mailing Address
213 SONNET LANE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL. 33990

City & State
N. FT. MYERS, FL.

4. FEI Number
650765003

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33990

Country
Lee

Zip
33903

Country
Lee

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William Cioffi

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

City
N. Ft Myers

FL

Zip Code
33903

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)

DATE _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President William Cioffi 213 SONNET LANE N. Ft. Myers, FL. 33903</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President John Davis LOT 21 N. TAMiami TRAIL N. Ft. Myers, FL. 33903</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Treasurer David T. Little 213 SONNET LANE N. Ft Myers, FL. 33903</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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

SIGNATURE: *William Cioffi* *William Cioffi* *4/30/02* *941-656-0611*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #