

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91486 005 ***150.00

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1. Entity Name
WESTCOAST PLUMBING AND IRRIGATION INC.

Principal Place of Business
**944 COUNTRY CLUB BLVD. STE. 205
CAPE CORAL FL 33990**

Mailing Address
**213 SONNET LANE
FORT MYERS FL 33903**

10088996



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0765003**

Applied For
 Not Applicable

Zip Country

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

**CIOFFI, WILLIAM
213 SONNET LANE
N. FT. MYERS FL 33903**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CIOFFI, WILLIAM
STREET ADDRESS	213 SONNET LANE
CITY-ST-ZIP	N. FT. MYERS FL 33903
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, JOHN C
STREET ADDRESS	213 SONNET LANE
CITY-ST-ZIP	N. FT. MYERS FL 33903
TITLE	D <input type="checkbox"/> Delete
NAME	LITTLE, DAVID T
STREET ADDRESS	LOT 21 NORTH TAMiami TRAIL
CITY-ST-ZIP	N. FT. MYERS FL 33903
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Cioffi* **William Cioffi** Date: **4/23/03** Daytime Phone #: **239-656-0611**

CR2E034 (10/02)