

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90443 042 ***158.75

DOCUMENT # P01000100708

1. Entity Name
WEST COAST WOODWORKING & HARDWARE, INC.



Principal Place of Business
4619 9TH AVENUE EAST
BRADENTON FL 34208

Mailing Address
4619 9TH AVENUE EAST
BRADENTON FL 34208

2. Principal Place of Business

2401 Briar Oak Cir.

Suite, Apt. #, etc.

3. Mailing Address

2401 Briar Oak Cir.

Suite, Apt. #, etc.

City & State
Sarasota, Florida

City & State
Sarasota, Florida

Zip
34232

Country
USA

Zip
34232

Country
USA

4. FEI Number **65-1141978**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SICKON, KAREN
309 30TH AVE E
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name

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

2401 Briar Oak Circle

City **Sarasota**

FL

Zip Code **34232**

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 *Karen Sickon, V.P.* **Karen Sickon, V.P.** **1/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PD** ☐ **Delete**
NAME **SKON, WILLIAM**
STREET ADDRESS **309 30TH AVE E**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **VTD** ☐ **Delete**
NAME **SKON, KAREN**
STREET ADDRESS **309 30TH AVE E**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2401 Briar Oak Circle**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2401 Briar Oak Circle**
CITY-ST-ZIP **Sarasota, FL 34232**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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: *Karen Sickon, V.P.* **Karen Sickon, V.P.** **1/10/03** **941-379-9164**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)