

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91068 021 \*\*\*150.00

**DOCUMENT # P02000026300**

1. Entity Name  
**WEST COAST WALL SYSTEMS, INC.**



Principal Place of Business  
**10202 TUCKER JONES ROAD  
RIVERVIEW FL 33569**

Mailing Address  
**10202 TUCKER JONES ROAD  
RIVERVIEW FL 33569**



2. Principal Place of Business  
**10202 Tucker Jones Rd.**  
Suite, Apt. #, etc. **—**

3. Mailing Address  
**10202 Tucker Jones Rd.**  
Suite, Apt. #, etc. **—**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Riverview, Florida**

City & State  
**Riverview, Florida**

4. FEI Number  
**71-0912653**

Applied For  
Not Applicable

Zip  
**33569**

Country  
**USA**

Zip  
**33569**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**NEGRU, EMIL  
10202 TUCKER JONES ROAD  
RIVERVIEW FL 33569**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
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 **D** ☒ Delete  
NAME **NEGRU, EMIL**  
STREET ADDRESS **10202 TUCKER JONES ROAD**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **President-Treasurer-Director** ☐ Change ☒ Addition  
NAME **Anisoara Negru**  
STREET ADDRESS **10202 Tucker Jones Rd.**  
CITY-ST-ZIP **Riverview, FL 33569**

TITLE **Vice President-Secretary-Director** ☐ Change ☒ Addition  
NAME **Emil Negru**  
STREET ADDRESS **10202 Tucker Jones Rd.**  
CITY-ST-ZIP **Riverview, FL 33569**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: **Negru, Anisoara Negru, President 3-1-2003 (813)677-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)