

FILED
Jun 17, 2003 8:00 am
Secretary of State


05-28-2003 90116 036 ***150.00

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

5

DOCUMENT # P02000070115 (L)

1. Entity Name
WESTCOAST CONCRETE SERVICES



DO NOT WRITE IN THIS SPACE

55048771

2. Principal Place of Business
911 Leffingwell Ave

3. Mailing Address
Suite, Apt. #, etc.
SAME AS #2

City & State
Ellenton FL

City & State
SAME AS #2

Zip
34222

Country
MANATEE

Zip
34222

Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0466407

Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
PRISCILIANO MARTINEZ

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

City
Ellenton

FL Zip Code
34222

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 PRISCILIANO MARTINEZ Prisciliano Martinez 05-24-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$500.00
Amended UBR is \$81.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	PRISCILIANO MARTINEZ	911 Leffingwell Ave	ELLINGTON FL 34222
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: PRISCILIANO MARTINEZ Prisciliano Martinez 05-24-03 941-737-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Attachment# 55048771
[REDACTED]
D02006070115

05/24/03

To whom it may concern,

When I did not receive my corporation renewal form, I called and talked with a person by the name of Mjacobs. Mjacobs advised me that you were sending me a document # 201.COR profit A/R. I am inclosing your envelope which states the postmarked date. I was also advised that I would not have to pay the (400 dollars), there for, I am inclosing your form and a check in the amount of (150 dollars) as my refileing fee.

I would like to sincerely thank you for your help and concentration for this matter.

Respectfully,

Prisciliano Martinez
Prisciliano Martinez