## **FILED**

## Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90066 019 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000082770** 

WEST COAST MARKETING, INC.

Principal Place of Business
935 SUNRIDGE WAY SARASOTA FL 34234

Mailing Address

935 SUNRIDGE WAY SARASOTA FL 34234

2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	>	City & State	City & State		Number <b>65-0535469</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	<b>5.</b> Ce		.75 Additional Required	
	t Registered Agent		7. Name and Address of New Registered Agent				
			Name				
Garritani, Charles G 952 Sunridge Dr Sarasota Fl 34234			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City		Com a constitution	Zip Code	
	Signature, typed or printed name of registered age pration is eligible to satisfy its Intangib		TE: Registered Agent signature rec.	ared when rein			
Tax filing r	requirement and elects to do so.	After MAY 1, 2	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Str		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AN	D DIRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRITANI, CHARLES G 952 SUNRIDGE DR. SARASOTA FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CUY ST-Z:P		☐ Delete	TITLE NAME STREET ADDRESS CHY-SI-ZIP			Change Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	

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

THUE

NAME

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NAME

TITLE

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STREET ADDRESS

STREET ADDRESS CiTY-ST-ZIP

STREET ACCRESS

CITY-ST-ZIP

C:TY-ST-7IP

TITLE

NAME

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NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-S\*-ZIP TITLE

CTY-ST-712

EDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR G. GALLITAUI

☐ Delete

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Change

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Addition

Addition

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