## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachn

SIGNATURE:

## May 22, 2002 8:00 am Secretary of State DOCUMENT # P94000085891 1. Entity Name 05-22-2002 90159 013 \*\*\*150.00 WESTCOAST ELECTRONICS SERVICES, INC. Mailing Address Principal Place of Business 328 U.S. HWY 301 BLVD, EAST 328 U.S. HWY 301 BLVD. EAST **BRADENTON FL 34208 BRADENTON FL 34208** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. Applied For 4. FEI Number City & State City & State 65-0547540 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEAK, PETER A Street Address (P.O. Box Number is Not Acceptable) 324 8TH AVE. WEST, STE. 103 PALMETTO FL 34221 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE ☐ Delete D NAME NAME HERNANDEZ, GEORGE STREET ADDRESS STREET ADDRESS 717 WINTER GARDEN DR. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34243 ☐ Addition Change TITLE Delete TITLE NAME NAME HERNANDEZ, VERA C STREET ADDRESS STREET ADDRESS 717 WINTER GARDEN DR. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL-34243 🖘 🖆 Change 🚤 🕒 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Maddition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 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 Shapter 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 we empowered.

**FILED**