## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2001 08:00 AM P95000009576 DOCUMENT# 1. Entity Name **Secretary of State** WESTCOAST AIRCRAFT ENGINEERING, INC. Principal Place of Business Mailing Address 8191 N. TAMIAMI TRAIL 8191 N. TAMIAMI TRAIL SUITE 104 SUITE 104 SARASOTA FL SARASOTA FL 34243 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0555274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EVASCHUK SCOTT 8191 N. TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) **SUITE 104** SARASOTA FL34243 US 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. SIGNATURE 04/10/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PRES ☐ Addition CR2E034 (11/00) X Change EVASCHIIK MAME SCOTT EVASCHUK NAME SCOTT STREET ADDRESS 8191 N. TAMIAMI TRL -STE 104 8191 N. TAMIAMI TRL -STE 104 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP SARASOTA 34243 ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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.

PRES

04/10/2001

Daytime Phone #

Date

SIGNATURE: SCOTT TEVASCHUK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR