

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90820 006 \*\*\*150.00

DOCUMENT # **P95000036489**

1. Entity Name

**WEST COAST CONSTRUCTION FUNDING CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>SARASOTA</b> Suite, Apt. #, etc.		3. Mailing Address <b>8022 POLO CLUB LANE</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>	Zip <b>34240</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>05-0650780</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

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

Name <b>MICHAEL FERRO</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>8022 POLO CLUB LANE</b>	
City <b>SARASOTA</b>	Zip Code <b>FL 34240</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE <b>PRESIDENT - TREASURER</b>	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
NAME <b>MICHAEL FERRO</b>	NAME	
STREET ADDRESS <b>8022 POLO CLUB LANE</b>	STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL 34240</b>	CITY-ST-ZIP	
TITLE <b>VICE PRESIDENT - SECRETARY</b>	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
NAME <b>DAVID MANTHEI</b>	NAME	
STREET ADDRESS <b>W6120 ROCK FALLS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP <b>EAU CLAIRE WI 54701</b>	CITY-ST-ZIP	
TITLE	TITLE	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
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NAME	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 on an attachment with an address, with all other files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03**

Date

Daytime Phone #

**(941) 364-7205**