

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000041550**1. Entity Name  
J & D WESTCOAST VENTURES, INC.**Principal Place of Business**GLADES BLDG., STE. 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG FL  
33702**Mailing Address**GLADES BLDG., STE. 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG FL  
33702**2. Principal Place of Business**

KRESS BLDG., STE. M-8

**3. Mailing Address**

C/O ERNEST L. MASCARA, P.A.

Suite, Apt. #, etc.

475 CENTRAL AVENUE

Suite, Apt. #, etc.

475 CENTRAL AVENUE, SUITE M-8

City &amp; State

ST. PETERSBURG FL

City &amp; State

ST. PETERSBURG FL

Zip

33701

Country

US

Zip

33701

Country

US

**4. FEI Number**

59-3320257

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MASCARA ERNEST L  
GLADES BLDG., STE. 303  
877 EXECUTIVE CENTER DRIVE WEST  
ST. PETERSBURG FL  
33702 US**7. Name and Address of New Registered Agent**

Name

MASCARA ERNEST L

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

KRESS BLDG., STE. M-8

475 CENTRAL AVENUE

City

ST. PETERSBURG FL

Zip Code

33701

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 **ERNEST L. MASCARA****03/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	DPS	<input type="checkbox"/> Delete
NAME	GUY DAVID	
STREET ADDRESS	2201 GULF DRIVE NORTH	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

**SIGNATURE: DAVID GUY**

P

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)