

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90018 010 ***158.75

DOCUMENT # P96000055709

1. Entity Name

WEST COAST SOUND AND COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

7131 CORAL REEF DRIVE
 PORT RICHEY FL 34668
 US

7131 CORAL REEF DRIVE
 PORT RICHEY FL 34668-4724
 US

2. Principal Place of Business

3. Mailing Address

8849 KEATS DR

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NUDSON FL

Zip

Country

Zip

Country

34667

FLA

4. FEI Number

59-3392983

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POPLAWSKI, EDWARD P.
 7131 CORAL REEF DRIVE
 PORT RICHEY FL 34668

Name POPLAWSKI, EDWARD P

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

8849 KEATS DR

City NUDSON

FL

Zip Code 34667

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] PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4/30/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME POPLAWSKI, EDWARD
 STREET ADDRESS 7131 CORAL REEF DR
 CITY-ST-ZIP PORT RICHEY FL 34668

TITLE P ☒ Change ☐ Addition
 NAME POPLAWSKI, EDWARD
 STREET ADDRESS 8849 KEATS DR
 CITY-ST-ZIP NUDSON FL 34667

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ 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:

[Signature] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00

(927)962-0236

CR2F034 (9/99)