

**2000 UNIFORM BUSINESS REPORT (UBR).**

**FILED**  
**Jul 24, 2000 8:00 am**  
**Secretary of State**

07-24-2000 90014 050 \*\*\*150.00

**DOCUMENT # P96000104097**

1. Entity Name  
**CHRISTINE WEST COAST INC.**

*R*

Principal Place of Business  
~~572 SUTHERLAND-BAYOU~~  
 PALM HARBOR FL 34683  
 US *New Street Name after Sept. 1:*  
 572 Ryan's Woods Lane

Mailing Address  
 PO BOX-~~666~~ *688*  
 OZONA FL 34660  
 US *AFTER SEPT. 1, 2000:*  
 MAILING: 572 Ryan's Woods Lane  
 Palm Harbor, FL 34683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-3415238**  
 Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**COLLIER, JAMES H SR**  
**7421 BENT OAK DR**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHRISTINE FORLIZZO</b> <b>PO BOX-666-688</b> <b>OZONA FL 34660</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christine Forlizzo* *Manone* *7/15/00* *727 785-2932*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE1.034/5/00

Attachment  
B# 09/00010407:  
DUW3816

Christine West Coast, Inc.

FEI # 59-3415238

P.O. Box 688

Ozona, Florida 34660

1-727-773-2150

1-727-773-2151 Facsimile

After Sept, 1, 2000

New street name for place  
of business and mailing address:

572 Ryan's Woods Lane  
Palm Harbor, FL. 34683

DIVISION OF CORPORATIONS  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2000 Uniform Business Report

To Whom It May Concern:

We have received a second notice for payment when in fact we never received the first notice.

We changed addresses in late January and I believe this may have contributed to the delay in our payment we expected to make the first of the year, given proper notice.

You will notice on the forms, enclosed, that the address has changed and a payment for the standard \$150.00 is also included.

We am in hopes that this error can be overlooked due to our change of business address and the \$150.00 is an acceptable payment in lieu of all the confusion with the mail.

Sincerely,

Christine F. Marrone