

2000 ^{AMENDED} UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008718

1. Entity Name
WEST COAST GLASS AND ALUMINUM, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 22 PM 3:10

Principal Place of Business Mailing Address
6300 JAMES LANE UNIT #1
NAPLES, FLORIDA 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3422616

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

7. Name and Address of New Registered Agent

Name

Jeffrey S. Schelling, P.A.

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

3227 South Horseshoe Drive

Suite 108

City

Naples

FL

Zip Code

34104

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.

JEFFREY S SCHELLING P.A.
3227 S Horseshoe Drive #108
Naples Florida 34104

04/25/2000

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
Todd Hogan
1764 48th St S.W.
Naples: FL 34116

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
Frank Higginbotham
2169 ELKHORN COURT
Naples: FL 33907

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
VERA HOGAN
1764 48th St S.W.
Naples: FL 34116

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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700003260037-8
-05/19/00-01111-019
****150.00 ****150.00

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
AD

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:

Frank Higginbotham Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #

CR2E034 (9/99)