

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008718

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

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90246 047 ***150.00

Principal Place of Business Mailing Address
~~6000 JAMES LANE UNIT 1~~
~~NAPLES FL 34109~~
3814 Exchange Ave
Naples, FL 34104

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

6. Name and Address of Current Registered Agent
SCHELLING, JEFFERY S
8227 SOUTH HORSESHOE DRIVE
SUITE 100
NAPLES FL 34104
800 Seagate Dr.
#304
34103

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 *[Signature]* (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. ☐ 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGAN, TODD			NAME			
STREET ADDRESS	1764 48 STREET S.W.			STREET ADDRESS	27171 Sun Aqua Lake		
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINBOTHAM, FRANK			NAME			
STREET ADDRESS	2109 ELKTON COURT			STREET ADDRESS	8624 Exeter St		
CITY-ST-ZIP	FORT MEYERS FL 33907			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOGAN, VERA			NAME			
STREET ADDRESS	1764 48 STREET S.W.			STREET ADDRESS	27171 Sun Aqua Lake		
CITY-ST-ZIP	NAPLES FL 34116			CITY-ST-ZIP	Bonita Spgs, FL 34135		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)