

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90068 033 ***150.00

DOCUMENT # P97000008718

1. Entity Name

WEST COAST GLASS AND ALUMINUM, INC.

Principal Place of Business

**3814 EXCHANGE AVE
 NAPLES FL 34104**

Mailing Address

**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
 Fees Required

6. Name and Address of Current Registered Agent

**SCHELLING, JEFFERY S
 800 SEAGATE DRIVE
 304
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

TIMOTHY J COTTON

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

999 9TH STREET S. #103

City

NAPLES

FL

Zip Code

34102

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]

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

(NOTE: Registered Agent signature required when reinstating)

1-18-02

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, 2002 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 **D** ☐ Delete
 NAME **HOGAN, TODD**
 STREET ADDRESS **27171 SAN AQUA LARK**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D** ☒ Delete
 NAME **HIGGINBOTHAM, FRANK**
 STREET ADDRESS **8624 EXETER STREET**
 CITY-ST-ZIP **FORT MEYERS FL 33907**

TITLE **S** ☐ Delete
 NAME **HOGAN, VERA**
 STREET ADDRESS **27171 SUN AQUA LANE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME **TRIGASURON**
 STREET ADDRESS **HOGAN, VERA**
 CITY-ST-ZIP **27171 SUN AQUA LANE**
BONITA SPRINGS, FL 34135

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

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

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 NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 941-262-6003

Date

Daytime Phone #

CR2E034 (9/01)