2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000039428 Sep 06, 2000 8:00 am 1. Entity Name WEST COAST INSPECTION SERVICES, INC. **Secretary of State** 09-06-2000 90094 027 ***550.00 Principal Place of Business Mailing Address 6809 67TH STREET CIRCLE EAST 6809 67TH STREET CIRCLE EAST PALMETTO FL 34221 PALMETTO FL 34221 3. Mailing Address 2. Principal Place of Business 2424 Manatec AUE West 2424 MANATEE AVE W. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0758730 Not Applicable \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name --GALVANO, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) .ś 1023 MANATEE AVENUE WEST **BRADENTON FL 34205** ٠, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Vies- Prosident / SECRETON Addition TITLE ☐ Delete CARLIN, WILLIAM E NAME TOM O'BRIEN 6809 67TH STREET CIRCLE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRAdenton, FL 34305 PALMETTO FL 34221 TROASUREN TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME larry RABEBACK STREET ADDRESS STREET ADDRESS 2424 MANNAGE AUR. W. CITY-ST-ZIP BRAdenton, PL 34365 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

WILLIAM OF GRAND OFFICE OF DIRECT

8-24-00

941-750-9331

Daytime Phone #

CHZEU34 (3/