

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90113 025 ***150.00

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 AV

DOCUMENT # P98000002200

1. Entity Name

WEST COAST OIL, INC.

Principal Place of Business

**6290 LAKE ASPREY DR
 SARASOTA FL 34240**

Mailing Address

**PO BOX 4235
 SARASOTA FL 34230**

2. Principal Place of Business

6290 LAKE OSPREY DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

Country

34240

Country

4. FEI Number

65-0810640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BROOKS, ALAN

**6920 LAKE ASPREY DR
 SARASOTA FL 34240**

7. Name and Address of New Registered Agent

Name

ALAN BROOKS

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

6290 LAKE OSPREY DR.

City

SARASOTA

FL

Zip Code

34240

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

Alan Brooks

ALAN BROOKS

2/20/02

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

(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.
 (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 **BROOKS, ALAN K**
 STREET ADDRESS **POST OFFICE BOX 4235**
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **ALAN BROOKS**
 STREET ADDRESS **POST OFFICE BOX 4235**
 CITY-ST-ZIP **SARASOTA, FL 34230**

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

TITLE ☐ Change ☐ Addition
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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:

Alan Brooks **REALANE BROOKS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

941-388-4262

Daytime Phone #

CR2E034 (9/01)