## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2000 8:00 am Secretary of State DOCUMENT # P98000013928 1. Entity Name WEST COAST WIRELESS ENTERPISES, INC. 04-03-2000 90005 029 \*\*\*150.00 Principal Place of Business Mailing Address 4432 CORTEZ RD 4432 CORTEZ RD **BRADENTON FL 34210 BRADENTON FL 34210-3141** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0811263 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COX, WENDY Street Address (P.O. Box Number is Not Acceptable) 1704 NANTUCKET CT. PALM HARBOR FL 34683 City 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 Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 16. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 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. Vice President/ Wendy Cox School Track & Change Delete TITLE COX, WENDY NAME NAME STREET ADDRESS 6077 113TH ST, #619 STREET ADORESS 4550 47th St W#1118 Bradentin F CITY-ST-ZIP SEMINOLE FL 33772 CITY-ST-7IP ☐ Delete TITLE President TITLE Sloan GX COX, SLOAN NAME NAME 6077 113TH ST., #619 STREET ADDRESS STREET ADDRESS 4550 47th St W# 1118 Brodenton FC 34210 CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 TITLE ☐ Delete HAMMOND, LEON J.II NAME MAME STREET ADDRESS 12112 77TH ST N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-00

941-795-0200

Daytime Phone #