

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025446

1. Entity Name
FLORIDA WESTCOAST SERVICES, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90005 042 ***150.00

Principal Place of Business

1303 7TH STREET E.
LEHIGH ACRES FL 33972

Mailing Address

%ROBERT D. ROYSTON, JR.
12670 NEW BRITTANY BLVD. STE. 101
FORT MYERS FL 33907

2. Principal Place of Business

Suite, Apt. #, etc.
1520 N. TAMIA MI TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State
N. FORT MYERS

City & State

Zip **33903**

Country **FL**

Zip

Country

4. FEI Number **59-3499346**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD. STE. 101
FORT MYERS FL 33907

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, 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DSTP KRAUS, ANDREAS 1303 7TH STREET E. LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUS, MARION 1303 7TH STREET E. LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Andreas Kraus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/01 (941)995-4076
Date Daytime Phone #

CR2E034 (10/00)