

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90273 050 \*\*\*150.00

**DOCUMENT # P98000036997**

1. Entity Name

**WESTCOAST STRUCTURAL CONCRETE & MASONRY, INC.**

Principal Place of Business

16880 GATOR RD  
 STE 105  
 FORT MYERS FL 33912

Mailing Address

16880 GATOR RD  
 STE 105  
 FORT MYERS FL 33912-5914

2. Principal Place of Business

16880 Gator Road

3. Mailing Address

16880 Gator Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

Suite 107

City & State

City & State

Fort Myers, FL 33912

Fort Myers FL

Zip

Country

Zip

Country

33912

USA

33912

USA

6. Name and Address of Current Registered Agent

RODGERS, JAMES  
 6307 HOFSTRA COURT  
 FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0827087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

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

*James Rodgers*

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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, 2000 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 ☐ Delete

NAME **RODGERS, JAMES**  
 STREET ADDRESS **6307 HOFSTRA COURT**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete

NAME **VP GRAY, LEWIS**  
 STREET ADDRESS **6307 HOFSTRA COURT**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☒ Delete

NAME **S STOUT, DAVID H.**  
 STREET ADDRESS **6307 HOFSTRA COURT**  
 CITY-ST-ZIP **FORT MYERS FL 33919**

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 **10540 Ruden Road**  
 CITY-ST-ZIP **North Fort Myers FL 33917**

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

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:

*James Rodgers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

941-590-6408

Daytime Phone #