

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049116

1. Entity Name
WEST COAST OUTDOOR, INC. ✓

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90001 033 ***550.00

Principal Place of Business
977 AQUA LANE
FT MYERS FL 33919-1802

Mailing Address
977 AQUA LANE
FT MYERS FL 33919-1802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0854595

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHIP, AMINIE
~~201 N FRANKLIN ST~~ 215 West Verne St. Ste B
~~ONE TAMPA CITY CENTER, SUITE 2000~~
~~TAMPA FL 33602~~ Tampa, FL 33602

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

Aminie Mohip

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME ACQUAVELLA, JOSEPH P ☐ Delete
STREET ADDRESS 517 RT 1
CITY-ST-ZIP ISELIN NJ 08830

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

TITLE V
NAME ACQUAVELLA, JOHN ☐ Delete
STREET ADDRESS 977 AQUA LANE
CITY-ST-ZIP FORT MYERS FL 33919-1802

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

TITLE S
NAME SHUSTER, SAM ☐ Delete
STREET ADDRESS 517 RT 1
CITY-ST-ZIP ISELIN NJ 08830

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

TITLE T
NAME CHIARELLI, SANTO ☐ Delete
STREET ADDRESS 517 RT 1
CITY-ST-ZIP ISELIN NJ 08830

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Santo Chiarelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)