

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90017 043 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000022971			
1. Entity Name WEST COAST ARCHITECTURAL PRE-CAST, INC.			
Principal Place of Business 109 SEABOARD AVE. VENICE FL 34292		Mailing Address P.O. BOX 1641 VENICE FL 34284	
2. Principal Place of Business <i>109 Seaboard Ave S.</i>		3. Mailing Address <i>P.O. Box 1641</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Venice, FL</i>		City & State <i>Venice, FL</i>	
Zip <i>34292</i>		Zip <i>34284</i>	
Country <i>SARASOTA</i>		Country <i>SARASOTA</i>	
4. FEI Number 65-0913841		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, SHERRI L 330 S. ORANGE AVE. SARASOTA FL 34236		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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	V KILLOREN, VALERIE 109 SEABOARD AVE. VENICE FL 34292 <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	ST KILLOREN, TIMOTHY J 109 SEABOARD AVENUE VENICE FL 34292 <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	P BRIGANDI, DAVID F 109 SEABOARD AVENUE VENICE FL 34292 <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: <i>Valerie B. Killoren</i>		Date: <i>01/05/01</i> (94) 485-4876	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Time Phone #	

CR2E034 (10/00)