

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90125 020 ***150.00

DOCUMENT # P99000025374

1. Entity Name

WEST COAST ALUMINIUM AND SCREEN, INC.

Principal Place of Business

9236 MARLE RD.
 SPRING HILL FL 34608

Mailing Address

9236 MARLE RD.
 SPRING HILL FL 34608

2. Principal Place of Business

3333 Princeton Rd

3. Mailing Address

3333 Princeton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

Spring Hill, FL

4. FEI Number

59-3567915

Applied For

Not Applicable

Zip

34609

Country

Hernando

Zip

34609

Country

Hernando

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, WILLIAM E
 9236 MARLE RD.
 SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

William E Chandler

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

1451 Alameda DR.

City

Spring Hill

FL

Zip Code

34609

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

William E Chandler President

4-27-01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CHANDLER, WILLIAM E	
STREET ADDRESS	9236 MARLE RD.	
CITY-ST-ZIP	SPRING HILL FL 34608	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIHAN, MICHAEL E	
STREET ADDRESS	8072 GREENBRIER CT.	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E Chandler	
STREET ADDRESS	1451 Alameda DR.	
CITY-ST-ZIP	Spring Hill, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

William E Chandler

William E. Chandler

4-27-01

352-694-3721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)