

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**  
 05-23-2000 90236 010 \*\*\*150.00

**DOCUMENT # 349383**

1. Entity Name

**SUNCOAST GENERATOR AND STARTER SERVICE, INC**

Principal Place of Business

Mailing Address

3400 70TH AVE N  
 PINELLAS PARK FL 33781  
 US

3400 70TH AVE N  
 PINELLAS PARK FL 33781-2744  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1267730**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WACHTEL, JOHN C**  
**3400 70TH AVE N**  
**PINELLAS PARK FL 33781**

Name **John R Wachtel**

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

**3400 70th AVE North**

City **Pinellas Park**

**FL**

Zip Code **33781**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WACHTEL, JOHN C	
STREET ADDRESS	9169 SUNCREST BLVD	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WACHTEL, JOHN R	
STREET ADDRESS	6091 99TH AVE N	
CITY-ST-ZIP	PINELLAS FL 33782	
TITLE	S	<input type="checkbox"/> Delete
NAME	WACHTEL, PAMELA A	
STREET ADDRESS	6091 99TH AVE N	
CITY-ST-ZIP	PINELLAS FL 33782	
TITLE	T	<input type="checkbox"/> Delete
NAME	WACHTEL, PATRICIA J	
STREET ADDRESS	9169 SUNCREST BLVD	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John R Wachtel	
STREET ADDRESS	6091 99th Ave North	
CITY-ST-ZIP	Pinellas Park Fla 33782	
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:** *Pamela A Wachtel* **April 23, 00** **727-521-3265**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

#349383  
~~00000000~~  
A0064040

John C. Wackel  
is Deceased.