

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90002 012 ***150.00

DOCUMENT # 349383

1. Entity Name
SUNCOAST GENERATOR AND STARTER SERVICE, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3400 70TH AVE N
PINELLAS PARK FL 33781
US

Mailing Address
3400 70TH AVE N
PINELLAS PARK FL 33781
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)
6091 99TH AVEN
PINELLAS PARK
 City **FL** Zip Code **33782**

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 **JOHN R WACHTEL, PRESIDENT** - **3/16/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | WACHTEL, JOHN C | |
| STREET ADDRESS | 6091-99TH AVE NORTH | |
| CITY-ST-ZIP | PINELLAS PARK FL 33782 | |
| 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 checked="" 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S/T | <input checked="" 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: **JOHN R WACHTEL, PRESIDENT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 727-521-3268
 Date Daytime Phone #

CR2E034 (10/00)