

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 408609

1. Entity Name
WEST COAST PROPELLER CO

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90074 036 ***150.00

Principal Place of Business

1901 HONDA ROAD
FT. MYERS FL 33907

Mailing Address

1901 HONDA ROAD
FT. MYERS FL 33907

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 59-1415721

Applied For

Not Applicable

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

COURT, LYNN H.
1901 HONDA DRIVE
FT. MYERS FL 33908

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME COURT, LYNN H.
STREET ADDRESS 16950 TIMBERLAKES DRIVE 1901 HONDA RD
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE VD
NAME BARCA THOMAS
STREET ADDRESS 3416 SW 26TH PLACE
CITY-ST-ZIP CAPE CORAL, FL ☐ Change ☒ Addition

TITLE VD
NAME COURT, JASON B
STREET ADDRESS 16950 TIMBERLAKES DRIVE 6550 ARBOR AVE
CITY-ST-ZIP FT MYERS FL ☐ Delete

TITLE SECRETARY
NAME BAILEY, STEPHANIE
STREET ADDRESS 1034 COMSTOCK ST.
CITY-ST-ZIP PORT CHARLOTTE, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Jason Court JASON COURT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

Daytime Phone #

CR2E034 (10/00)