

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003355

1. Entity Name

B & C WHOLESALE, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90108 008 ***150.00

Principal Place of Business

18528 ROBINSON AVE
PT CHARLOTTE FL 33948
US

Mailing Address

PO BOX 3042
PT CHARLOTTE FL 33949-3042
US

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

41-1610004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUKAL, WILLIAM
18528 ROBINSON AVE
PT CHARLOTTE FL 33948

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CPP			
	PUKAL, WILLIAM	18525 ROBINSON AVE	PT CHARLOTTE FL	
	VCD			
	PUKAL, DANIEL	11317 GEORGIA AVE., NO	CHAMPLIN MN 55316	
	V			
	PUKAL, CHARLETTE	4543 THOMAS AVE., NO.	MINNEAPOLIS MN 55412	
	SD			
	PUKAL, DAN	11317 GEORGIA AVE., NO.	CHAMPLIN MN 55316	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)