

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000003355****1. Entity Name**
B & C WHOLESALE, INC.**FILED**
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91094 039 ***150.00

Principal Place of Business
18528 ROBINSON AVE
PT CHARLOTTE FL 33948
US**Mailing Address**
PO BOX 3042
PT CHARLOTTE FL 33949
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 41-1610004Applied 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	CPP PUKAL, WILLIAM	18528 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				

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 (10/00)