

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90126 031 \*\*\*150.00

**DOCUMENT # H66223**

**1. Entity Name**  
**WEST COAST CONCORD, INC.**

**Principal Place of Business**  
**2454 MCMULLEN BOOTH RD.**  
**CLEARWATER FL 34619**

**Mailing Address**  
**2454 MCMULLEN BOOTH RD.**  
**CLEARWATER FL 34619**

**B0134620**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**3512 TEALWOOD CIR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**CITY & STATE**  
**PALM HARBOR, FL**

**4. FEI Number**  
**59-2561819**

**Applied For**  
**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**34685**

**FLORIDA**

**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**

**KEVLIN, ROSS PATRICK**  
**20 BEECHTREE CT.**  
**PALM HARBOR FL 34683**

**Name**  
**ROSS PATRICK KEVLIN**

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

**3512 TEALWOOD CIRCLE**

**City**  
**PALM HARBOR FL** **Zip Code**  
**34685**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-16-02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>KEVLIN, ROSS PATRICK</b> <b>20 BEECHTREE CT.</b> <b>PALM HARBOR FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>KEVLIN, PAULETTE WALLER</b> <b>20 BEECHTREE CT. 3512 TEALWOOD CIR.</b> <b>PALM HARBOR FL</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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]*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**8-16-02 727-789-0252**

Date Daytime Phone #

CR2E034 (4/02)

*Attachment*

# H66223

**WEST COAST CONCORD, INC.  
3512 TEALWOOD CIRCLE  
PALM HARBOR, FL 34685**

August 16, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Uniform Business Report Filing

Dear Madam or Sir:

This letter is to inform you that the business operating under the corporation West Coast Concord, Inc. is being leased for operation by a sole proprietor effective January 1, 2002. Unfortunately, this corporation's filing is overdue because no notice was received until your recent 60 days notice circular.

For this reason we are filing the UBR with an attached fee of \$150.00. Appropriate changes of address are noted on the report.

Should there be any further questions we would welcome your contact at the above address or by phoning 727-789-0252

Very truly yours,



Paulette W. Kevlin