

2001 UNIFORM BUSINESS REPORT (UBR)

4/2.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-02-2001 90280 038 ***150.00

DOCUMENT # H76265

1. Entity Name

WEST COAST FOUR-KA'S, INC.

Principal Place of Business

% N.G. KELLEY
1611 14TH STREET, WEST
BRADENTON FL 34205

Mailing Address

% N.G. KELLEY
1611 14TH STREET, WEST
BRADENTON FL 34205

2. Principal Place of Business

o/o Donald J. Hernden, PA
 Suite, Apt. #, etc.

3. Mailing Address

o/o Donald J. Hernden, PA
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2599309**

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

KELLEY, N.G.
1611 14TH STREET, WEST
BRADENTON FL 33505

7. Name and Address of New Registered Agent

Name

Kathie Geartz

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

1611 14th St. W.

City

Bradenton

FL

Zip Code

34205

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)
 Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-01

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

TITLE **DPT**
 NAME **GEARTZ, KENT W.** ☐ Delete
 STREET ADDRESS **1611 14TH ST. W.**
 CITY-ST-ZIP **BRADENTON FL**

TITLE **DVP**
 NAME **GEARTZ, KATHIE J.** ☐ Delete
 STREET ADDRESS **1611 14TH ST. W.**
 CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(l), 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

3-28-01 941-755-9461

Date

Daytime Phone #

CR2034 (10/00)