2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L54512

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 26 PM 1:01

1. Entity Name
WESTCO FLORIDA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10010 U.S. HIGHWAY 19 PORT RICHEY FL 34668	10010 U.S. HIGHWAY 19 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

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 59-3032867 ☐ 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
FRANK, JOHN, SR 10010 U.S. HIGHWAY 19 PORT RICHEY FL 34668	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 John P Frank PD John P Frank PD 8/30/01 4-12-2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANK, JOHN SR. 10010 US HIGHWAY 19 PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRANK, JOHN JR. 10010 US HIGHWAY 19 PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 300004618853--5 -10/01/01--01092--003 ****158.75 ****158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FRANK, JOHN JR. 10010 US HIGHWAY 19 PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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 12 if changed, or on an attached sheet, with the title(s) for which I am filing this report.

SIGNATURE: John P Frank JOHN P FRANK 8/30/01 4-12-01 727 868 6793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

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