

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028353

1. Entity Name
BK WEST COAST, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90125 028 ***150.00

Principal Place of Business
36426 US 19 NORTH
PALM HARBOR FL 34684

Mailing Address
36426 US 19 NORTH
PALM HARBOR FL 34684

2. Principal Place of Business
1710 CYPRESS AVE
Suite, Apt. #, etc.

3. Mailing Address
1710 CYPRESS AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BELLEAIR FL

City & State
BELLEAIR FL

4. FEI Number
59-3644382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country
33756 USA

Zip Country
33756 USA

6. Name and Address of Current Registered Agent
REESE, MICHAEL K
36426 US 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
Name
BRUCE D. MITCHELL
Street Address (P.O. Box Number is Not Acceptable)
1710 CYPRESS AVE
City BELLEAIR FL Zip Code 33756

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 BRUCE D. MITCHELL BMitchell 04-16-01
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	D MITCHELL, BRUCE 36426 US 19 NORTH PALM HARBOR FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRUCE D. MITCHELL 1710 CYPRESS AVE. BELLEAIR, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D KERRY KATCHUK 511 FAYETTE CIRCLE N. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: BMitchell BRUCE D. MITCHELL 04/16/01 727-559-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)