

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90419 016 ***150.00

DOCUMENT # P00000049568

1. Entity Name

WEST COAST AUTO ALLIANCE, INC.

Principal Place of Business

736 SAND CREEK CIRCLE
WESTON FL 33327

Mailing Address

736 SAND CREEK CIRCLE
WESTON FL 33327

2. Principal Place of Business

23600 WALDEN CENTER DR

3. Mailing Address

PO BOX 366008

Suite, Apt. #, etc.

#110

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-1008712

Applied For

Not Applicable

Zip

34134

Country

USA

Zip

34136-6008

Country

USA

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

GORY, CHRISTINE E
736 SAND CREEK CIRCLE
WESTON FL 33327

Name

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

23600 WALDEN CENTER DR #110

City

BONITA SPRINGS

FL

Zip Code
34134

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MORGADO, JEREMY
CITY-ST-ZIP 736 SAND CREEK CIRCLE
WESTON FL 33327

TITLE ☒ Change ☐ Addition
NAME 103
STREET ADDRESS 23600 WALDEN CENTER DR #110
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

JEREMY MORGADO

Date

Daytime Phone #

(941) 390-0855

CR2E034 (10/00)