

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (BR)**

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90047 038 ***150.00

DOCUMENT # 1. Entity Name <i>PO3000091632</i>	
<i>WEST COAST ENGINE INC.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2770 WORTH AVE</i>		3. Mailing Address <i>2770 WORTH AVE</i>	
Suite, Apt. #, etc. <i>UNIT C</i>		Suite, Apt. #, etc. <i>UNIT C</i>	
City & State <i>ENGLEWOOD FL</i>		City & State <i>ENGLEWOOD FL</i>	
Zip <i>34224</i>	Country <i>USA.</i>	Zip <i>34224</i>	Country <i>USA</i>

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DO NOT WRITE IN THIS SPACE	4. FEI Number <i>73-1677640</i>		Applied For ☐ Not Applicable
	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <i>JAMES MOORE</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>1107 W. MARION AVE SUITE 112</i>			
City <i>PUNTA GORDA</i>			FL Zip Code <i>33950</i>

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

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trus. Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT LEE PLAKIOTIS 14362 BARBAROSA LANE PT. CHARLOTTE FL 33781</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JIM SPOONER V.P. JIM SPOONER 2433 BEN DIXON ST. PT CHARLOTTE FL 33953</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY JOHNO PLAKIOTIS 23130 HEMENWAY AVE PT CHARLOTTE FL 33980</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *JOHNO PLAKIOTIS SECRETARY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/05 *(941) 286-6703*
Date Dusiness Phone

CR2E034B (12/02)