

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044854

1. Entity Name

WEST COAST MEDICAL RESOURCES, INC.

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

03-19-2001 90030 031 ***150.00

0527219

Principal Place of Business

Mailing Address

12082 AURORA COURT
LARGO FL 33774

PO BOX 3884
SEMINOLE FL 33775

C0034870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

115 8TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BELLEAIR BEACH

4. FEI Number

59-3446495

Applied For

Not Applicable

Zip

Country

Zip

Country

33786

FLORIDA

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

WARE, RANDY
115 8TH STREET
BELLEAIR BEACH FL 33786

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

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
PSD
WARE, RANDY
115 8TH STREET
BELLEAIR BEACH FL 33786 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy Ware

Date

3/14/01

Daytime Phone #

727 5933604

CR2E034 (10/00)