

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065706

1. Entity Name

BEST COAST INSURANCE, INC.

Principal Place of Business

4007 A TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

4007 A TAMiami TRAIL
PORT CHARLOTTE FL 33952-9201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90098 046 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0772530

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

WILGUS, JAMES C
4007 A TAMiami TRAIL
PORT CHARLOTTE FL 33952

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	WILGUS, JAMES C	
STREET ADDRESS	4007 A TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WILGUS, TERRY M	
STREET ADDRESS	4007 A TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

James C. Wilgus PRESIDENT
James C. Wilgus 3/31/00 941-627-1515
Date Daytime Phone #

CR2E034 (9/99)