

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90005 042 ***150.00

DOCUMENT # P98000025446

1. Entity Name

FLORIDA WESTCOAST SERVICES, INC.

Principal Place of Business

**1303 7TH STREET E.
 LEHIGH ACRES FL 33972**

Mailing Address

**%ROBERT D. ROYSTON, JR.
 12670 NEW BRITTANY BLVD. STE. 101
 FORT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1520 N. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

N. FORT MYERS

City & State

Zip
33903

Country
FL

Zip

Country

4. FEI Number **59-3499346**

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

**ROYSTON, ROBERT D JR.
 12670 NEW BRITTANY BLVD. STE. 101
 FORT MYERS FL 33907**

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	DSTP	<input type="checkbox"/> Delete
NAME	KRAUS, ANDREAS	
STREET ADDRESS	1303 7TH STREET E.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRAUS, MARION	
STREET ADDRESS	1303 7TH STREET E.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ANDREAS KRAUS
 PRESIDENT**

03/02/01 (941) 995-2406

CR2E034 (10/00)