2000 UNIFORM BUSINESS REPORT (UBR)

8

FILED
Sep 14, 2000 8:00 am
Secretary of State
08-02-2000 90157 018 ***150.00

309831

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000090642

1. Entity Name

WEST COAST CAPITAL MANAGEMENT

Principal Place of Business
115 S LOIS AVE #217
Tampa, FL 33609

Mailing Address
518 N Tampa St
#250 Tampa, FL 33602

2. Principal Place of Business	3. Mailing Address
	518 N Tampa St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 250
City & State	City & State Tampa, FL
Zip / Country	Zip 33602 / Country HILLS.

4. FEI Number 59-3542177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Rita BHARDWAJ
115 S LOIS AVE, #217
Tampa, FL 33609

7. Name and Address of New Registered Agent

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] 4/28/00
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	VICE PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DHALAM BHARDWAJ	NAME	
STREET ADDRESS	115 S LOIS AVE. #217,	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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] 04/25/00 (813) 765 3170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
P98000090642

309831

West Coast Capital Mngt
5105 West Grace Street
Tampa, FL 33609

FL. Dept of State
Ref: P98000090642

09/06/00

Dear Sir or Madam:

I am in receipt of this letter (delayed due to our address change). I had filed my annual return on time but had requested c. card payment. The letter I then received from your office stated that it was not possible and it replied in the time frame allotted would not be penalized and only discharged $150. I then did so and now you say $400 extra. This is not correct on your part. If you will not honor the $150 fee then please return it to me. Your record reflects my statements accuracy.

Please advise and update my address

RITA B HARDWICK