

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 213068

1. Entity Name

MERCER WENZEL, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90039 033 ***150.00

Principal Place of Business

Mailing Address

401 E. ATLANTIC AVENUE
P. O. BOX 2170
DELRAY BEACH FL 33447-9170

401 E. ATLANTIC AVENUE
P. O. BOX 2170
DELRAY BEACH FL 33447-2170

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0838726

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

WENZEL, BRUCE B
401-E. ATLANTIC AVENUE
DELRAY BEACH FL 33444

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	PD	☐ Delete
NAME	WENZEL, BRUCE B	
STREET ADDRESS	401-E. ATLANTIC AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VSD	☐ Delete
NAME	WENZEL, CHRISTINE A	
STREET ADDRESS	401 E ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	☐ Delete
NAME	ADAMS, JOHN ROSS	
STREET ADDRESS	355 NE 5TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Christine A. Wenzel
Christine A. Wenzel, Vice President

Date

Daytime Phone #

4-20-00 (501) 278-2885

CR2E034 (9/99)