

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90005 010 ***558.75

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DOCUMENT # 576253

1. Entity Name
WENLO CORPORATION.

Principal Place of Business
6585 HAINES ROAD NORTH
ST. PETERSBURG FL 33702

Mailing Address
6585 HAINES ROAD NORTH
ST. PETERSBURG FL 33702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1909189

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

WENDEL, ION L
6585 HAINES ROAD NORTH
SAINT PETERSBURG FL 33702

Name
WATERS, JEFFREY M.
 Street Address (P.O. Box Number is Not Acceptable)
6585 HAINES Road North
 City
SAINT PETERSBURG FL Zip Code
33702

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 *Jeffrey M. Waters* 7/30/01
 Signature, typed 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PST	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, ION L		NAME	WENDEL, ION L	
STREET ADDRESS	7449 7TH ST N		STREET ADDRESS	7449 7TH ST. N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDEL, DUANE L R		NAME	JEFFREY WATERS, JEFFREY M.	
STREET ADDRESS	7499 7TH ST N		STREET ADDRESS	2400 51ST AVE N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP	ST. PETERSBURG, FL 33714	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDEL, VERA F		NAME		
STREET ADDRESS	7499 7TH ST N		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Jeffrey M. Waters*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/01
 Date Daytime Phone #

CR2E034 (5/01)