

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006523

1. Entity Name

WENCOR WEST, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90005 035 \*\*\*150.00

Principal Place of Business

1625 N. MOUNTAIN SPRINGS PARKWAY  
SPRINGVILLE UT 84663

Mailing Address

P.O. BOX 514  
SPRINGVILLE UT 84663-0514

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

87-0316090

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HOLDEN, CLETIS  
3701 N.W. 66TH AVE.  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

George Holden

Street Address (P.O. Box Number is Not Acceptable)

3701 N.W. 66th Ave.

City

Miami

FL

Zip Code  
33166

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

George Holden

4/19/01  
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

TITLE	CP	<input type="checkbox"/> Delete
NAME	WOOD, J. BRENT	
STREET ADDRESS	P.O. BOX 514	
CITY-ST-ZIP	SPRINGVILLE UT 84663-0514	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASTON, WILLIAM T	
STREET ADDRESS	P.O. BOX 514	
CITY-ST-ZIP	SPRINGVILLE UT 84663-0514	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LARSEN, DENNIS	
STREET ADDRESS	P.O. BOX 514	
CITY-ST-ZIP	SPRINGVILLE UT 84663-0514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Dennis R. Larsen

4/18/01

Date

801-489-2000

Daytime Phone #

CR2E034 (10/00)