

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G82661

1. Entity Name

WENTCO, INC.

Principal Place of Business

3861 EDWARDS ST  
P.O. BOX 05-0489  
FORT MYERS FL 33916  
US

Mailing Address

3861 EDWARDS STREET  
FT. MYERS FL 33916-3713  
US

2. Principal Place of Business

3861 Edwards St  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

Country

33916  
US

Country

4. FEI Number

59-2391390

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDRON, EUGENE E J  
124 N BREVARD AVE  
P.O. BOX 349  
ARCADIA FL 34266

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	EARLE, RONNIE J.	
STREET ADDRESS	4950 CEDAR HAMMOCK COURT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, ROBERT C.	
STREET ADDRESS	6 SEVILLA AVE	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOBLES, GERALD	
STREET ADDRESS	144 FLORIDA STREET	
CITY-ST-ZIP	FORT OGDEN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PEKAREK, CATHERINE J	
STREET ADDRESS	3918 SW 15TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARR, DEBRA L.	
STREET ADDRESS	1311 S.E. 21ST TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, SCOTT T	
STREET ADDRESS	715 B RICHMOND AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKAREK, CATHERINE M.	
STREET ADDRESS	1122 SE 17th St.	
CITY-ST-ZIP	Cape Coral, FL 33990	
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: Debra L Carr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/00

Date

941-694-2700

Daytime Phone #

FILED  
Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90026 013 \*\*\*158.75

911138



DO NOT WRITE IN THIS SPACE