

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90074 034 \*\*\*158.75

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**DOCUMENT # G82661**

1. Entity Name  
**WENTCO, INC.**

Principal Place of Business  
**3861 EDWARDS ST  
 FORT MYERS FL 33916  
 US**

Mailing Address  
**3861 EDWARDS STREET  
 FT. MYERS FL 33916  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2391390**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PD</b>			<input type="checkbox"/>	
	<b>EARLE, RONNIE J.</b>	<b>4950 CEDAR HAMMOCK COURT</b>	<b>FT. MYERS FL</b>		
	<b>V.</b>			<input type="checkbox"/>	
	<b>THOMAS, ROBERT C.</b>	<b>6 SEVILLA AVE</b>	<b>ARCADIA FL</b>		
	<b>VD</b>			<input type="checkbox"/>	
	<b>NOBLES, GERALD</b>	<b>144 FLORIDA STREET</b>	<b>FORT OGDEN FL</b>		
	<b>S</b>			<input type="checkbox"/>	
	<b>PEKAREK, CATHERINE J</b>	<b>1122 SE 17TH ST</b>	<b>CAPE CORAL FL</b>		
	<b>T</b>			<input type="checkbox"/>	
	<b>CARR, DEBRA L.</b>	<b>1311 S.E. 21ST TERR.</b>	<b>CAPE CORAL FL</b>		
	<b>D</b>			<input type="checkbox"/>	
	<b>CAMPBELL, SCOTT T</b>	<b>715 B RICHMOND AVE</b>	<b>LEHIGH ACRES FL</b>		

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* **Debra L. Carr** 01/29/02 941-694-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)