

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19795

1. Entity Name

RICHARD WENSING ARCHITECTS & PLANNERS, P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90023 036 ***150.00

Principal Place of Business

Mailing Address

~~1280 N CONGRESS AVE~~

~~1280 N CONGRESS AVE~~

STE 109

STE 109

W PALM BEACH FL ~~33409~~ 33407

W PALM BEACH FL ~~33409~~ 33407

US

US

901 NORTHPOINT PARKWAY

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

59-2440939

Applied For

Not Applied For

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

WENSING, RICHARD

~~1280 N CONGRESS AVE~~ 901 NORTHPOINT PARKWAY

STE 109

W PALM BEACH FL ~~33409~~

33407

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 ☐ Delete

NAME WENSING, RICHARD

STREET ADDRESS ~~1280 N CONGRESS AVE #109~~ SEE ABOVE

CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Delete

NAME WENSING, RICHARD

STREET ADDRESS ~~1280 N CONGRESS AVE #109~~ SEE ABOVE

CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Delete

NAME WENSING, RICHARD

STREET ADDRESS ~~1280 N CONGRESS AVE, #109~~ SEE ABOVE

CITY-ST-ZIP W PALM 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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition

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:

Richard Wensing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #