

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90018 001 ***150.00

C0066406

DO NOT WRITE IN THIS SPACE

DOCUMENT # 201, COR Profit A/R
 1. Entity Name **R.G. Wrenches & EXTENSIONS, INC.**
H29229

Principal Place of Business Mailing Address
1961 N.W. 21st Street 2941 N.E. 7th Terrace
Pompano Bch, FL 33069 Pompano Bch, FL 33064

2. Principal Place of Business 3. Mailing Address
1961 N.W. 21st Street 2941 N.E. 7th Terr
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pompano Bch, FL Pompano Bch, FL
 Zip Country Zip Country
33069 Broward 33064 Broward

4. FEI Number Applied For
592463497 Not Applicable

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

6. Name and Address of Current Registered Agent
RICHARD A. FELL SR
2941 N.E. 7th Terr
Pompano Bch, FL 33064

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 *Richard Fell* (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	President	<input type="checkbox"/> Delete
NAME	RICHARD FELL SR	
STREET ADDRESS	2941 NE 7th Terr	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	1st VICE President	<input type="checkbox"/> Delete
NAME	RICHARD FELL JR	
STREET ADDRESS	2941 NE 7th Terr	
CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	VICE President	<input type="checkbox"/> Delete
NAME	GEORGIANN FELL	
STREET ADDRESS	2941 NE 7th Terr	
CITY-ST-ZIP	Pompano Bch, FL 33064	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Richard Fell* *Richard Fell* 4-12-00 954-782-0764
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)