

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90091 040 ***150.00

DOCUMENT # P00000028653

1. Entity Name
THE WURZEL AGENCY, INC.

Principal Place of Business **Mailing Address**
6249 PRESIDENTIAL CT., S.W., SUITE C **6249 PRESIDENTIAL CT., S.W., SUITE C**
FT. MYERS FL 33919 **FT. MYERS FL 33919**

2. Principal Place of Business **3. Mailing Address**
PMB 278, 400 Capital Cir SE **PMB 278, 400 Capital Cir SE**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 18 **Suite 18**
City & State **City & State**
Tallahassee FL **Tallahassee FL**
Zip **Country** **Zip** **Country**
32301 **LEON** **32301** **LEON**

4. FEI Number **65-0995001** **Applied For**
Not Applicable
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**
WURZEL, ROBERT J **Name**
6249 PRESIDENTIAL CT., S.W., SUITE C **Street Address (P.O. Box Number is Not Acceptable)**
FT. MYERS FL 33919 **400 Capital Cir SE Str 18**
Tallahassee FL 32301 **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.** **ROBERT J. WURZEL** **1/23/02**
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURZEL, MARCIA W	NAME	
STREET ADDRESS	6249 PRESIDENTIAL CT., S.W., SUITE C	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURZEL, ROBERT J	NAME	
STREET ADDRESS	6249 PRESIDENTIAL CT., S.W., SUITE C	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** **ROBERT J WURZEL Sec** **1/23/02** **850 878 3860**
Date **Daytime Phone #**

CR2E034 (9/01)