

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90103 043 ***150.00

0081445

DOCUMENT # P00000076144

1. Entity Name

S.C.W. HOLDING & INSURANCE, CO.

Principal Place of Business

**420 S. WATERWAY DR.
 SATELLITE BCH FL 32937**

Mailing Address

**420 S. WATERWAY DR.
 SATELLITE BCH FL 32937**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1235

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROCKLEDGE, FL

City & State

MELBOURNE, FL

4. FEI Number

Applied For
 Not Applicable

Zip

32922

Country

USA

Zip

32902-1235

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WENGERT, JOYCE
 420 S. WATERWAY DR.
 SATELLITE BCH FL 32937**

7. Name and Address of New Registered Agent

Name: **WENGERT, JOYCE**
 Street Address (P.O. Box Number is Not Acceptable): **1025 ROCKLEDGE DRIVE 406A**
 City: **ROCKLEDGE** FL Zip Code: **32955**

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

Joyce Wengert

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-24-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WENGERT, JOYCE	
STREET ADDRESS	420 S. WATERWAY DR.	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	V	<input type="checkbox"/> Delete
NAME	WENGERT, ROBIN	
STREET ADDRESS	241 FORECAST LN.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGERT, JOYCE	
STREET ADDRESS	1025 ROCKLEDGE DRIVE 406A	
CITY-ST-ZIP	ROCKLEDGE, FL	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENGERT, ROBIN	
STREET ADDRESS	241 FORECAST LN.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
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
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)(l), 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:

Joyce Wengert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-01 321-638-8870

Date

Daytime Phone #

CR2E034 (10/00)