

# 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.

City & State

**ROCKLEDGE, FL**

City & State

**MELBOURNE, FL**

Zip

**32922**

Country

**USA**

Zip

**32902-1235**

Country

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

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 **32935**

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*

**04-24-01**

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, 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** ☐ Delete  
 NAME **WENGERT, JOYCE**  
 STREET ADDRESS **420 S. WATERWAY DR.**  
 CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE **V** ☐ Delete  
 NAME **WENGERT, ROBIN**  
 STREET ADDRESS **241 FORECAST LN.**  
 CITY-ST-ZIP **ROCKLEDGE, FL 32935**

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

TITLE **D** ☒ Change ☐ Addition  
 NAME **WENGERT, JOYCE**  
 STREET ADDRESS **1025 ROCKLEDGE DRIVE 406A**  
 CITY-ST-ZIP **ROCKLEDGE, FL**

TITLE **V** ☐ Change ☒ Addition  
 NAME **WENGERT, ROBIN**  
 STREET ADDRESS **241 FORECAST LN.**  
 CITY-ST-ZIP **ROCKLEDGE, FL 32935**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joyce Wengert*

Date

Daytime Phone #

**04-24-01 321-638-8870**

CR2E034 (10/00)