

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90324 042 ***158.75

DOCUMENT # P00000091730

1. Entity Name

WECHTER, INC.

Principal Place of Business

**809 ORANGE VIEW DRIVE
 LARGO FL 33778**

Mailing Address

**809 ORANGE VIEW DRIVE
 LARGO FL 33778**

2. Principal Place of Business

13355 South Belcher Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite N

City & State

Largo Florida

City & State

Zip

33773

Country

USA

Country

4. FEI Number

59-3674616

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WECHTER, JOANN

809 ORANGE VIEW DRIVE

LARGO FL 33778

7. Name and Address of New Registered Agent

Name

JOANN Wechter

Street Address (P.O. Box Number is Not Acceptable)

13355 South Belcher Rd.

Suite N

City

Largo

FL

Zip Code

33773

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

JOANN S. Wechter

1-21-02

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, 2002 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	PVST	<input type="checkbox"/> Delete
NAME	WECHTER, JOANN	
STREET ADDRESS	809 ORANGE VIEW DRIVE	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WECHTER, JOHN	
STREET ADDRESS	809 ORANGE VIEW DRIVE	
CITY-ST-ZIP	LARGO FL 33778	
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		
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
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)(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:

JOANN S. Wechter

Date

1-21-02

Daytime Phone #

727365-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)