2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P01000000566 1. Entity Name WETZLER AGENCY, INC. 02-26-2002 90140 050 ***150.00 Principal Place of Business Mailing Address 5301 N. FEDERAL HIGHWAY 5301 N. FEDERAL HIGHWAY **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Busin DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For RATON 65-1062568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WETZLER, MARTIN Street Address (P.O. Box Number is Not Acceptable) 5301 N. FEDERAL HIGHWAY **BOCA RATON FL 33487** City Zip Code FL 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, typed or printed name of registered agent and title if acplicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01) МАМЕ WETZLER, MARTIN STREET ADDRESS 5301 N. FEDERAL HIGHWAY #375 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME WETZLER, SANDRA NAME STREET ADDRESS 5301 N. FEDERAL HIGHWAY #375 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED