

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000049707

1. Entity Name

WENBELL PHILLIPS CO.

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90065 046 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

S12 SE 21ST AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

4. FEI Number

65-0592538

Applied For

Not Applicable

Zip 33435

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BOB HERRICK

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

S12 SE 21ST AVE

City

BOYNTON BEACH

FL

Zip Code

33435

**DO NOT WRITE
IN THIS SPACE**

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.

(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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PTSD
BOB HERRICK
S12 SE 21ST AVE
BOYNTON BEACH, FL 33435

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Herrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

Daytime Phone #